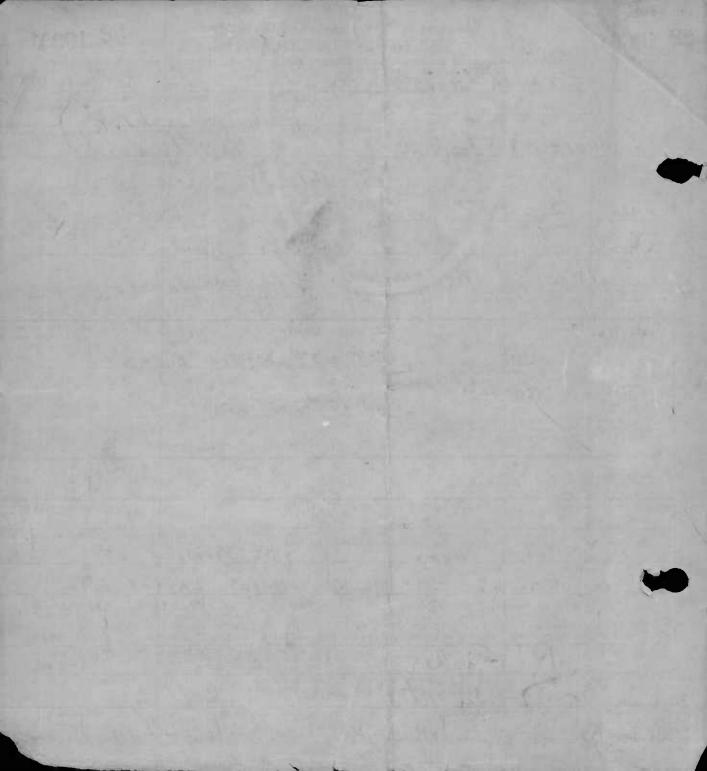
BALTIMORE CITY HEALTH DEPARTMENT Registered Ro 100 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MANTGOM CRY DEATH 4. USUAL RESIDENCE Where deceased lived. If institution : residence 3. PLACE OF DEATH A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF not in hospital or institution, give street address or viaion HOSPITAL OR (If outside dorporate limits, write ADRAL and give INSTITUTION UNIVERSITY HOSPITAL (If rural, give location) D. STREET ADDRÉSS Mos. Length of stay in Baltimore word Days 5. SEX 9. AGE (in years of under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) FEMALE 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Loudonnen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. /-CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING W OR CONTRIB-INJURY OCCUR? UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE VURY CAUGHT FIRE WHILE AT 110036 AT WORK WORK INSPECTION 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident M, suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER. M.D. MEDICAL INVESTIGATOR. 24C. NAME OF SEMETERY DE CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE (State) MUSTE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR



15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO.

> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH

Craniocerebral hemorrhage

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

thercon and from

ADDRESS

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

2:00 P.m.

198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)

street

WORK

OUE TO

(C) ...

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? Route 175-Jessup, Anne Arundel

21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE

Struck by auto (pedestrian) autopsy 22. I certify that I took charge of the remains described above, held an \_

5. FUNERAL DIRECTOR

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, 23c. DATE SIGNED

and death in my opinion resulted from: natural causes □, accident ☒, suicide □, homicide □, undetermined □. 238, CHIEF MEDICAL EXAMINER ...... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER .... Oct. 31, 1952 M.D. MEDICAL INVESTIGATOR ... 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 151

oct. 30

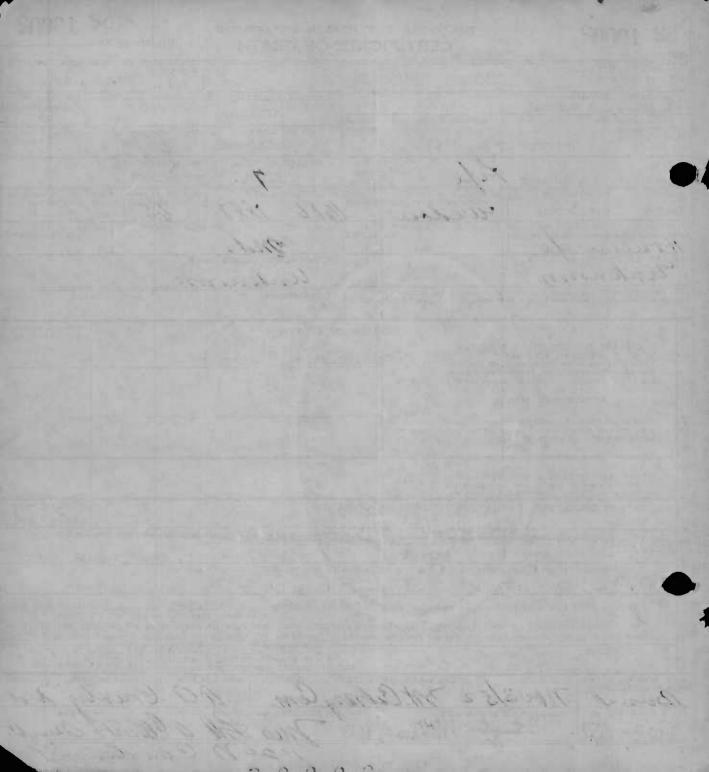
19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB.

UTING | CAUSE OF DEATH.

210. TIME (Month) (Day) (Year) (Hour)

U



E	52 10003
Registered N	0
2. DATE OF DEATH 1-1-5	
erc deceased lived. If i	before admission)
7	, write RURAL and give township)
ral, give location)	
9. AGE (In years We last birthday) Mor	Under 1 Year If Under 24 Hours thin.
eign country)	12. CITIZEN OF WHAT COUNTRY
ett (d)	
City Hospits	DORESS 218
	INTERVAL BETWEEN ONSET AND DEATH
	•
britis	

1. NAME OF DECEASED Daisey Howell 3. PLACE OF DEATH A. Baltimore City, Maryland Baltimore City Hospitals location) B. FULL NAME OF INSTITUTION 4940 Eastern Ave Yrs. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) c. Length of stay in Baltimore

164474

5. SEX 6. COLOR OR RACE Female Negro Married 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR work done during most of working life, even if retired

MLB.

BIRTH NO.

(Yes, no or unknown)

18.

CERTIFICATION

EDICAL

13. FATHER'S NAME Bob Watkins

(d) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Records: Baltimore

INDUSTRY

Uremia

CAUSE OF DEATH

DUE TO

DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

LEADING TO DEATH

ANTECEDENT CAUSES

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.)

LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

22. I hereby certify that I attended the deceased from 10-28 - , 19 52 to 11- 1 , 19 52 that I last saw the

REGISTRAR'S SIGNATURE

19.52, and that death occurred at 7:30 ha from the causes and on the date stated above. deceased alive on 11-1-23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

4. USUAL RESIDENCE (Wh

D. STREET ADDRESS (If ru

11. BIRTHPLACE (State or fore

14. MOTHER'S MAIDEN NA

Chronic glomerulone

North Carolina

Nannie Burn

LOUO Easts

913 E. Fayette

(If or

Maryland

C. CITY OR TOWN

Baltimore

8. DATE OF BIRTH August 28, 1898

A. STATE

4940 Eastern Ave Balto. Md.

21F. HOW DID INJURY OCCUR?

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

20. AUTOPSY

VS 150

24A. BURIAL, CREMA-TION-REMOVAL (Specify)

DATE RECEIVED BY

See overv rely in Document File PART TOTAL STATE TO A . Dir. or 2 mil out are designed out to

000

VS 150

See query renly in Document File

24C. NAME OF CEMETERY OR CREMATORY

LOCAL REGISTRARC VS 150

DATE RECEIVED BY

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

BIRTH NO.

5. SEX

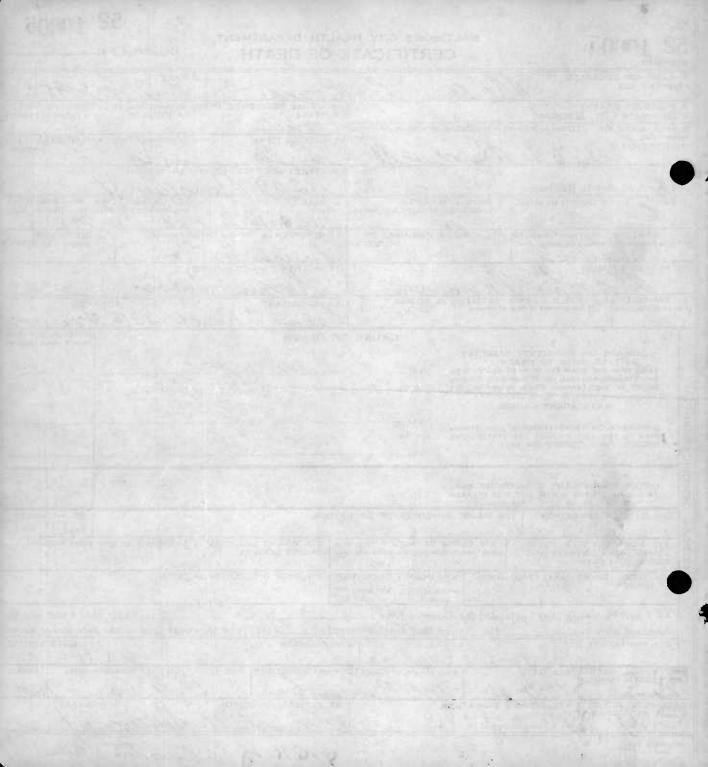
18.

FICATION

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

ADDRES



## BALTIMORE CITY HEALTH DEPARTMENT

52 10000

ВП	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No. 15 TAIL
1. (T)	NAME OF D	ECEASED			2 11 11	2. DATE OF	<b>5</b> 1-
			EPH	John	U /M /H /V	DEATH /	- ム - ソン
	Baltimore (	City, Maryland	3000		4. USUAL RESIDENCE	B. COUNTY	before admission)
HC	SPITAL OR	OF (If not in hospit	tal or instituti	on, give street address or location)	c, CITY OR TOWN. (I	f outside corporate imit	ts, write RORAL and give
IN	STITUTION	3 No Potto	France.	) Tark An	2 Holten	12 2 2/02	township)
		01101000		Yrs.	D. STREET ADDRESS (If	rural, give location	- 12
	Length of s	tay in Baltimore	1,2300	45 Mes.	43 No Patte	Trow /a	KK WW
5.	SEX	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		onths: Days   Hours Min.
11	ale	white	1000	dowed	7	77?	
10. work	done during most of	CUPATION (Give kind of of working life, even if retired)	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	loreign country)	12. CITIZEN OF WHAT COUNTRYS
12	ulk	ed	Luce	cher	pure	ca-	
13	FATHER'S N	AME			14. MOTHER'S MAIDEN N	IAME	
18	WAS DECEASE	D EVER IN U. S. ARME	D EODCEST I	16, SOCIAL	nor juio	and	1
You	, no or unknown)	(If you, give war ne date	on of service)	SECURITY NO.	17. INFORMANT	A	DDAESS PO-
-	18. // 5/			CAUCE	OF DEATH	13/4	INTERVAL BETWEEN
	406	SE OR CONDITION	DIRECTLY	CAUSE	JF DEATH	.1	ONSET AND DEATH
		LEADING TO DEA	TH	Corro	nary thron	1 hoses	5 min.
	heart failu	re, asthenia, etc. It mes	ins the disease	2,	1		
	1113013 01	ANTECEDENT CAU		, 501.10	115	, , , , ,	
z		ANTECEDENT CAU	563	(B) June	ralized arten	O Sclerosis	20 years
NOL	RISE TO T	B OR CONDITIONS, I HE ABOVE CAUSE (A)	STATING TH				//
3	UNDERLY	ING CONDITION LA	AST.	(C)		***************************************	
핕	•				^		
E E	other significant conditions con- tributing to the death, but not related & mphyseumat chr. Bronchitio 25 years						
CE							
_	19A. DATE C	F OPERATION O	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL	21. ACCUR	THE WAS HINDED	218. PLA	CE OF INJURY (e. g., is	or 21c. WHERE DID (	(If in Baltimore City,	give exact location)
MEDI		ENT WAS UNDER- R CONTRIBUTING DEATH		arm, factory, street, office bldg.,			<b>3</b>
-	21D. TIME	(Month) (Day) (Year	(Hour) 2	21E. INJURY OCCURR	The second secon	Y OCCUR?	
			m.	WORK NOT WHILE			
	22. I hereb	y certify that fat	tended the	deceased from	19,35, to	Nov 2, 19/	5, that I last saw the
	deceased a	live on Avis	1952	and that death occur		the causes and on t	he date stated above
	23A. SIGNA	Jacob Cot	un	M. D.	1804 Eutan	w Place	23C. DATE SIGNED
	A. BURIAL.		2	24C. NAME OF CEMETE		LOCATION (City, town	, or county) (State)
1	urus	0 11-3-4	5 V	Mishila a	srael	Hatto	ma
LC	DATE RECEIVED BY REGISTRAR'S SIGNATURE.  LOCAL REGISTRAR  Turtington  Minute Mysek Lewis Mc 2100 Outou Pe						
-	VS 150						
1	VS 130						

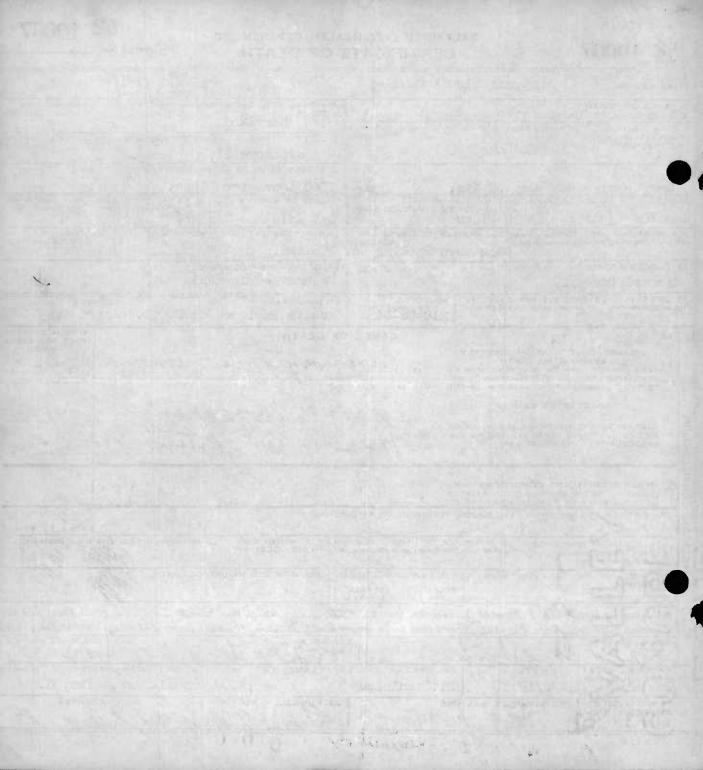
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52 10007	

# BALTIMORE CITY HEALTH DEPARTMENT

52 10007

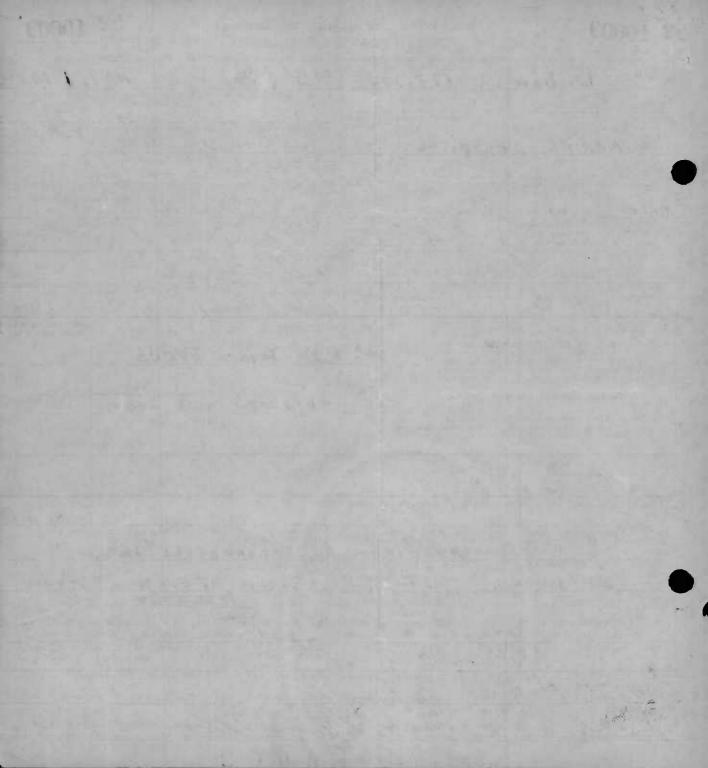
BI	RTH NO.	JUL 1		CERTIFICATI	- OF DEATH		
1.	NAME OF D		anna Slo	wikowski		2. DATE 11/1/ OF 11/1/	/52
3. PLACE OF DEATH:  a. Baltimore City, Maryland 1740 Inneaster Street  B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION  At Home			4. USUAL RESIDENCE (VA. STATE Maryland C. CITY OR TOWN (IF Baltimore 31	B. COUNTY	institution: residence before admission) is, with RUPAL and give township)		
		tay in Baltimore	50 Yrs	<del></del>	D. STREET ADDRESS (If	Street	
Fe	male	White	Widow	E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH 3/8/1878	last birthday) Mo	if Under I Year on the Under 24 Hours on the Days Hours Min.
work		CUPATION (Give kind of working life, even if retire	Southe	of Business or INDUSTRY rn Packing Co.	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
ŀ	lichael I			16. SOCIAL	Catherine Plewa	cki	
(Yes	, no or unknown)	(If yes, give war or da	tes of service)	218-05-5485	17. INFORMANT Ceceļia Imbierow		Interval Between
FICATION	(This does heart failuinjury or DISEASE.	DE OR CONDITION LEADING TO DE. not mean the mode ire, asthenia, etc. It m complication which ANTECEDENT CAL SOR CONDITIONS, HE ABOVE CAUSE (A	ATH of dying, e. geans the disease caused death USES  IF ANY, GIVIN ) STATING TH	DUE TO AR	nury Thron onic Myo.	sloose.	s Hyra
CERTIF	TRIBUTING	II SIGNIFICANT CONI S TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELATE	.D			
	19a. DATE (	of OPERATION		FINDINGS OF OPER			20. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	1	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
	F INJURY	(Month) (Dny) (Yea		WHILE AT WORK NOT WHILE AT WORK			
	22. I hereb	live on Och. 3	ttended the 1,1952	deceased from and that death occu	rred at 5 pm., from 1	the causes and on t	Athat I last saw the the date stated above.    23c. DATE SIGNED
24 TIC	Burial (	CREMA-1 24B WATE		M. D. 24C. NAME OF CEMETE St. Stanislaus		COCATION (City, town Dundalk Ave	
	TE RECEIVE	D BY   REGISTRA	R'S SIGNATU		25. FUNERAL DIRECTOR	Veber 705 S	address am at
	VS 150	134.	ð	6900	2 1000	U	



52	10000	E OF DEATH Registered No	10008	
BIRT	H NO.	L OI BLAIT		
	or Print) MR, FREDERICK CARROLLTON	SERMROTH OF 11-1	1-52	
A. Ba	ACE OF DEATH: altimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	stitution : residence before admission)	
HOSE	LL NAME OF (If not in hospital or institution, give street address or location) ITUTION UNION MEMORIAL HOSP.	C. CITY OR TOWN (If outside corpora e limits,	write RURAL and give township)	
11		BALTIMORE	O ( township)	
c. Le	ength of stay in Baltimore LIFE Mrs.  Days	D. STREET ADDRESS (If rural, give location)  3718 TUDOR ARMS A	VE.	
5. SE	M 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  FEB. 23, 1896  9. AGE (In years list birthday) Month	der 1 Yeer If Under 24 Hours hs: Days Hours Min.	
10A. work dox	USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR lob during most of working life, even if retired)		2. CITIZEN OF WHAT COUNTRY	
In	spector U.S. Navy -ret.	MARYLAND	USA	
13. F	PETER GERMROTH (D)	14. MOTHER'S MAIDEN NAME  EMMA MUELLER (S	1	
15. W (Yes, no	(AS DECEASED EVER IN U. S. ARMED FORCES? Or unknown) (If yes, give war or dates of service) SECURITY NO.	4 - 4 - 4	DIFE   - SAME	
18	3. 420.0 CAUSE	OF DEATH	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AAAAA III EARATIAA)	3 DAYS	
	heart failure, asthenia, etc. It means the disease,	CARDIAL INFARCTION	SUAYS	
	injury or complication which caused death.) DUE TO			
z	(B)	PRIO-SCHEROTIC HEART DIS	. UNKNOWN	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
NO NO	UNDERLYING CONDITION LAST.			
HT.	(C)			
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		A - F (2 / 1948 / /)	
U 19	9A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINIS 19B. MAJOR F	RATION	20. AUTOPSY?	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If in Baltimore City, giv	YES NO	
	1A. ACCIDENT, SUICIDE. OMICIDE (Specify)  21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg.		e exact location)	
0	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY WHILE AT NOT WHILE			
1-	m.   WORK   AT WORK	-29 1052 to 11-1 1052	that I last easy the	
22. I hereby certify that I attended the deceased from 10-29, 1953 to 11-1, 1953 that I last saw the deceased alive on 11-1, 1953, and that death occurred at 9 30 a.m., from the causes and on the date stated above.  23A. SIGNATURE  23C. DATE SIGNED				
2	3A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED	
244	24a. BURIAL, CREMA-1 24B. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State)			
TION.	REMOVAL (Specify)			
burial 11/3/52 Druid Ridge Cem. Baltimore Md. Date Received By Registrar's SIGNATURE RECEIVED BY REGISTRAR SIGNATURE RECEIVED BY R				
1	NOV 3 - 1959 Turtington Williams MBALTO. 13. Md.			
	No. 150 100 Sen 2 ha h			
11	15 2801	77 0 0 0 1 / - 920/1		

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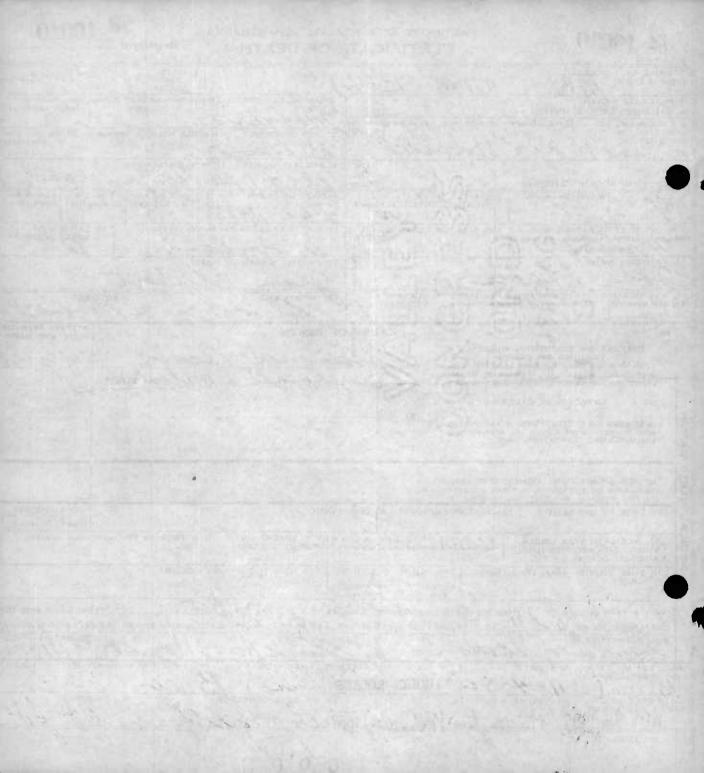
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED 2. DATE ELBOURN (Type or Print) ELBOURNE ( DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF 'not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RUBAL and give C. CITY OR TOWN INSTITUTION township) HOSPITAL MARINE Yrs. D. STREET ADDRESS (If Fural, give location Mos. lekel Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) AGE (In years | 1 Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. If Under 24 Hours DOWED, DIVORCED (Specify) MALC 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work sone during most of working life, even if retired) WHAT COUNTR ngineer 13. FATHER STNAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give way or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO vourne INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Degree BURNS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES OF ADDOMEN AND Legs. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO A 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-UTING CAUSE OF DEATH. about home, farm, factory, streat, office bldg., etc.) INJURY OCCUR? ARBUR LATROBE 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 30-52 BURNID BY ESCAPENG WORK AT WORK 22. I certify that I took charge of the remains described above, held an . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident  $\overline{A}$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR .. 24A BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) 25. FUNERAL DIRECTOR RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS I went inglow N947,2



420
BIRTH NO.
1. NAME OF DECEASED (Type or Print)

52 10010 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE S. JOAN ELLI DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate lim C. CITY OR TOWN teRUBAL and give INSTITUTION township) ame Yrs. D. STREET ADDRESS (If rural, give location) WIOS. ength of stay in Baltimore Days 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Linder 1 Year last birthday) Months: Days Hours: Min. lamie 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR CE (State or foreign country) 12. CITIZEN OF INDUSTRY during most of workinglife even if retired) WHAT COUNTRY 4 ousens /.... 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknown) (1f yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICATI UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) **INJURY OCCUR?** CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from Sept 24, 1952, to OCE. 31, 1955, that I last saw the deceased alive on OCE 31, 1955, and that death occurred at 6:25 km., from the causes and on the date stated above. 23A/SIGNATURE 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Spenify) HOLY ROSARY ulrea 25 FUNERAL DIRECTOR ADORESS DATE RECEIVED BY REGISTRAR

VS 150



CRTIFICA : COR : TO 11/13/52 52 1001.1 Registered No. 1001.1 10051 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH' 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Waryland A. STA A. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution give street address or HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits write RERAL and give INSTITUTION township) Yrs. D. STREET ADDRESS Af rural, give location Mag c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In year | If Under I Year | If Under 24 Hours | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTR WHAT COUNTRY? Housen 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME + marin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or npknown) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO Uterus, primary site ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WORK AT WORK 1950 to hor 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ 19 52 and that death occurred at deceased alive on Nov \_m., from the causes and on the date stated above. 23A. SIGNATINE 23B. ADDRESS 23c. PATE SIGNED 506 E. houte One 244 BURIAL CREMA-24B. DATE 24c. NAME OF CEMEPERY OR CREMATORY | 24p. LOCATION (City, Jown, or county) wnoc REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR me lington VS 150

552 10	)0d2
BIRTH NO.	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

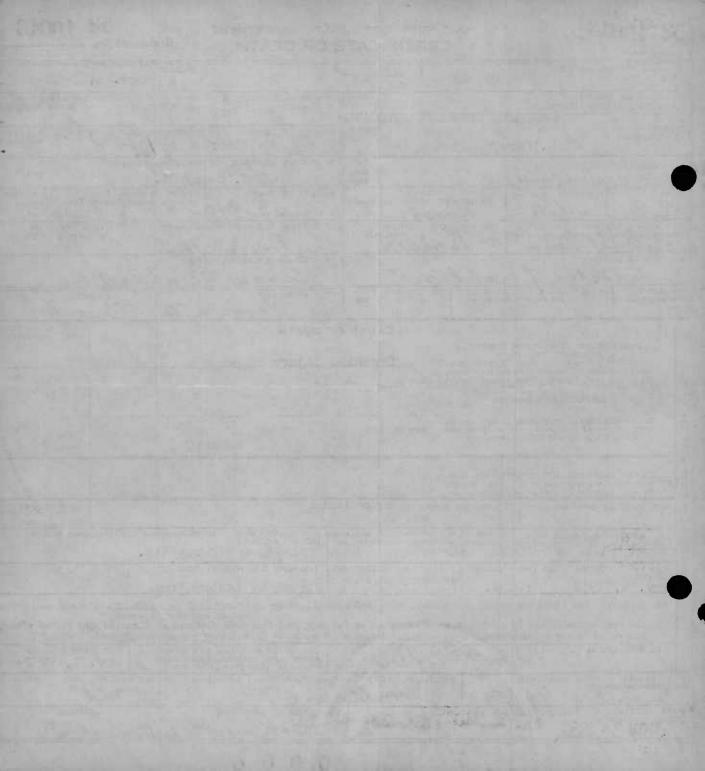
52 10012 Registered No.

BIRTH NO.				
1. NAME OF DECEASED Joseph Dennin	The second secon			
a. Baltimore City, Maryland And Styskins Attacto	A. STATE  Where deceased lived. If institution residence B. COUNTY before admission)			
B. FULL NAME OF (If not in(h)spital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOPITAL				
Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural give location)			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year   II Under 24 Hours			
10A, USUAL OCCUPATION (Givekindor)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
13. Eather's NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL ADDRESS			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	OF DEATH  WORKEY WARE  ONSET AND DEATH  COURTED  PROSPECTOR  PROSPECTOR  ONSET AND DEATH  COURTED  ONSET AND DEATH  COURTED  ONSET AND DEATH  COURTED  ONSET AND DEATH			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	RATION 20. AUTOPSY?			
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,				
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR F INJURY  WHILE AT NOT WHILE AT WORK				
22. I hereby certify that I attended the deceased from 10	9 , 1952, to 10 30 , 1952, that I last saw the			
23A. SIGNATURE	rred at 100 km., from the causes and on the date stated above.  23B. ADDRESS  JOHNS HOPKINS HOSPITAL  23C. DATE SIGNED  1013013013013013013013013013013013013013			
24A. BURIAL, SREMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specifical 1)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS  Py Cok Inc. 1217 St. Paul I.			
VS 150 5 2 076398 0 0 0				

THE THE REAL STRAIN SEPARTICAL

52 40042

I CAN I COURSE	F OF DEATH Registered No.				
BIRTH NO.	E OF DEATH Registered No.				
1. NAME OF DECEASED CHARLES SCHLAGE	L 2. DATE OF NOV. 1, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY before admission before admis				
B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location)					
22 N. Carey Street	Baltimore // townsh				
Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)  22 N. Carey St.				
Maly Glaits 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months: Days Hours Mi				
10A. USUAL OCCUPATION (Givekindof workdoneduring more of workdoneduring more of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Charles L. Schlegel	anna Meinhardt				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS AND ALBERT ASSE				
18. E \$12.0 , CAUSE	OF DEATH INTERVAL BETWE				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mer dendament all land				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ng injury of head				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(C)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					
U 19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
Z1a. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., i	n or   21c. WHERE DID (If in Baltimore City, give exact location)				
UNDERLYING OR CONTRIB. about home, farm, factory, street, office hidg., of UTING CAUSE OF DEATH.	Baltimore & Carey Sts. 18-2				
S 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR					
10V. 1. 1952 8: UU A. m.   WORK   AT WORK					
	above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry				
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the day stated above $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .				
23A. SIGNATURE R & Froher M	236. CHIEF MEDICAL EXAMINER				
244. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE	24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	THE FUNERAL DIRECTOR ADDRESS				
LOCAL REGISTRAR S. SIGNATURE	WM Gok Inc. 1217 St. Paul J.				
V S 151 . / 4/A					

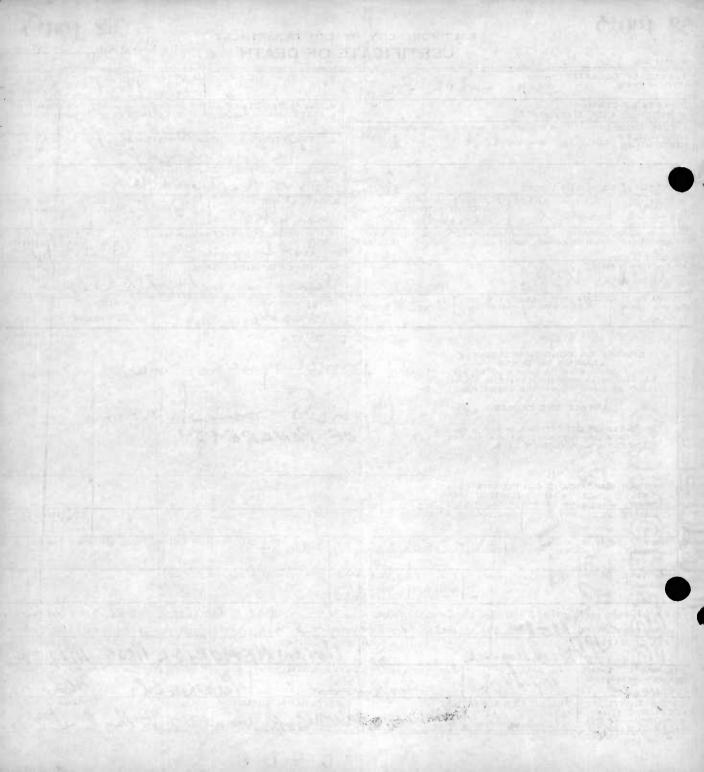


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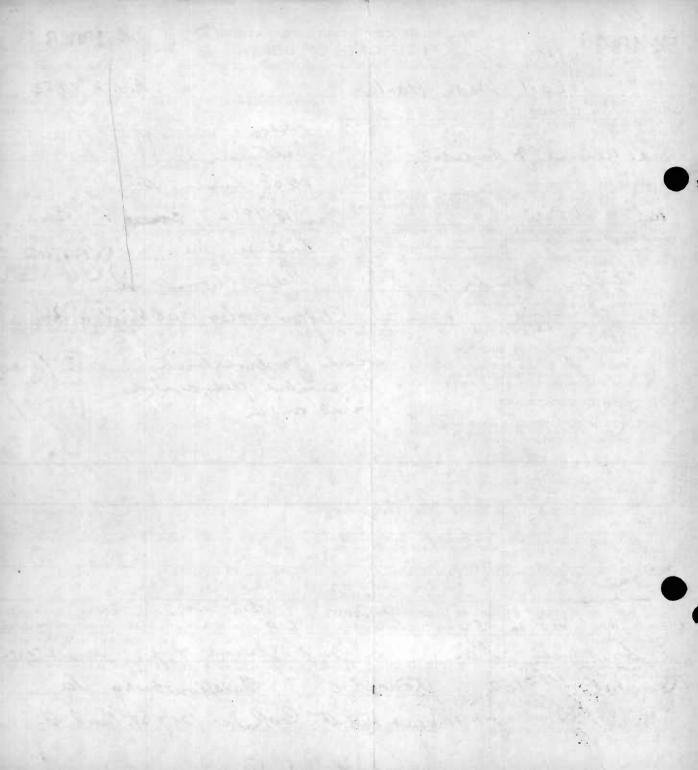
VMC-164587 BIRTH NO.			TIMORE CITY HE	E OF DEATH	NT Registered	No. 10014
1. NAME OF DECEASED (Type or Print) Ursa Boynton					2. DATE OF DEATH	-52
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE A. STATE Maryland	E (Where deceased lived, B. COUNTY	If institution: residence before admission)	
HOSPITAL OR Baltin	ore City stern Av	_	tals location)	c. CITY OR TOWN  Baltimore	16	nits, write RURAL and give township)
c. Length of stay in B	altimore	13	yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location) y Way # 24	
5. SEX 6. COLO	R OR RACE		MARRIED. ED, DIVORCED (Specify)	B. DATE OF BIRTH July 9. 1896	9. AGE (In years last hirthday)	If Under 1 Year   If Under 24 Hours   Min.
10A. USUAL OCCUPATION work done during most of working life	e, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Pennsylvania	e or foreign country)	12. CITIZEN OF WHAT COUNTRY!
Charles Stone				Nellie Ak		
15. WAS DECEASED EVER I (Yes, no or unknown) (If yes,	N U. S. ARMED give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C	. H. 4940 East	ADDRESS ern Ave.
(This does not mea heart failure, asther injury or complica ANTECE  DISEASES OR COMMISSE TO THE ABOVE UNDERLYING COMMISSE TO THE ABOVE UNDERLYING TO THE TRIBUTING TO THE	ia, etc. It mean tion which ca  DENT CAUSE  NDITIONS, IF E CAUSE (A) NDITION LAS	s the disease used death. ES ANY, GIVIN STATING TH	(B) GE DUE TO			
O TO THE DISEASE O	DEATH, BUT N	CAUSING 17	. Hyper	tension		20. AUTOPSY?
19a. DATE OF OPERA	ATION O 19	B, MAJOR	FINDINGS OF OPER			YES NO X
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE AT NOT WHILE AT WORK  WHILE AT NOT WHILE AT NOT WORK						
22. I hereby certify deceased alive on 23A. SIGNATURE	that I atto	nded the , 19 52 , d	deceased from 11-1 and that death occur	7 1952, t red at 6:45P m., fr 3B. ADDRESS 4940 Eastern I		the date stated above 23c. DATE SIGNED 11-1-52
Buria (Specify)						
DATE RECEIVED BY REGISTRABIS SIGNATURE 1 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRARIES AND STREET						
VS 150		- C	E 2 0 1	1000	7	

1920 DE-110 10-1-1 Server has been been been tree -

	EALTH DEPARTMENT 52 10015 E OF DEATH Registered No.
1. NAME OF DECEASED JUNE CAROL BUTT.	2. DATE OF 11-1-52
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Union Memorial Lapital location)	
Length of stay in Baltimore  2 Yrs. 5 Mos. 10 Days	D. STREET ADDRESS (If rural, give location)  5565 Milword Qu
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	May 4 1950 2
TOA. USUAL OCCUPATION (Givekind of work dooe during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  113, FATHER'S NAME	Baldimore U.S. A.
Gilber (K-Bush	Gleanor Mangarel Wollschlager
(Yes, no or onknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Same
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	roncho fuermonia Lie Paroce fibrois PANCREAS
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., i aboot home, farm, factory, street, office bldg.,	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  WHILE AT WORK AT WORK	
	-2-, 1951, to 11-1-, 1952, that I last saw the rred at 5 2 m., from the causes and on the date stated above.  238. ADDRESS  23C. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE PURISH BURIAL Specify)  Burial  Parkwa	Pull Mil
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MOV 3 = 1057 Huntington Milianus Marie	Wy Cook Jac. 1217 St. Paul ST
9 5 2 0 0 1	0 0 0 0



Registered N10046 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Carl Wade Harler DEATH NOV. 2 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence ABaltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write KURAL and give INSTITUTION townshin) Yrs. ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SMGLD, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) last birthday) Months; Days Hours! Min. 15 1. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTR 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! , 1952 to how 2 , 195 that I last saw the 22. I hereby certify that I attended the deceased from 200. 2 deceased alive on how. 2. 1952, and that death occurred at 6 Pm., from the causes and on the date stated above 23A. SIGNATURE Ind - Coural 24c. NAME OF CEMETERY OR CREMATORY Kinevin DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150



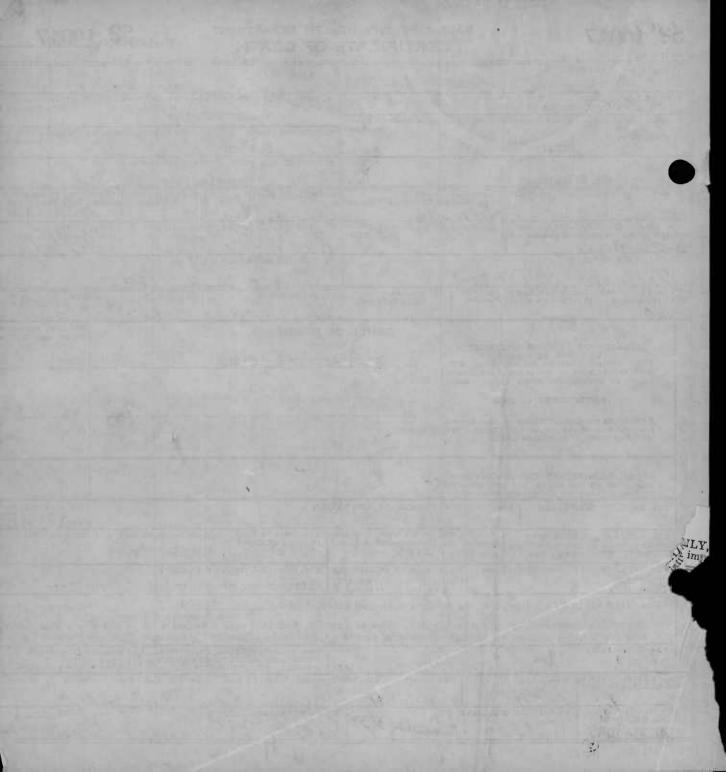
### BALTIMORE CITY HEALTH DEPARTMENT

Register 52 No. 10057

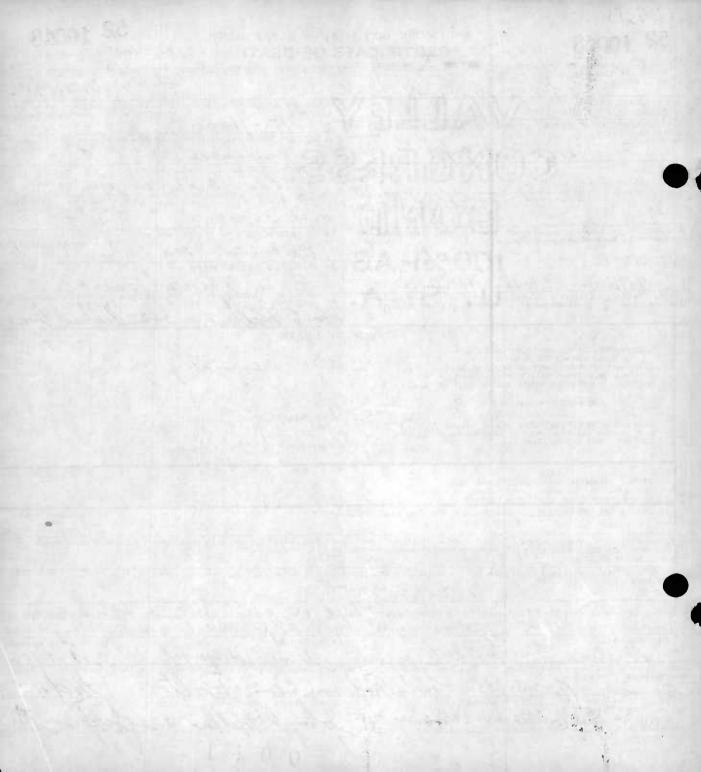
BIRTH NO. CERTIFICATE OF DEATH	IN Option Section 1
1. NAME OF DECEASED (Type or Print)  MARCUS H. DEAN  2. DATE OF DEATH Oct.	31, 1952
3. PLACE OF DEATH:  A. Baltimore City Maryland  B. COUNTY  A. STATE  B. COUNTY	
B. FULL NAME OF f not in hospital or institution, give street address or Massachusetts	ts, write RURAL and give
Marine Hospital Boston	township
Yrs. Mos. D. STREET ADDRESS (If rural, give location)	
Length of stay in Baltimore Days 69 Roggles Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years last birthday) M	If Under 1 Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1 W.S.C.
William H. Dean Jesse Dunha	И
15 WAS DESEASED SUSPENDED TO POPULATION OF THE P	ADDRESS 65W.
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease,	INTERVAL BETWEEN
Injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7	YES NO
21a. EXTERNAL CAUSE WAS UNDERLYING IN OR CONTRIB. about home, farm, factory, street, office bldg., etc.) 500 block W. Biddle Street	
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
Oct. 27, 1952 m. WHILE AT NOT WHILE Y Struck on head during alt	ercation
22. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry	
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on t and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide ☒,	he day stated above undetermined □.
IN-/ N/	ct. 31, 1952
24a. BURIAL, CREMA- TION REMOVAL (Specify)  24b. DATE  24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town	n, or county) (State)
DATE RECEIVED BY BEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS 322N
The state of the s	surrought
VS 151 N803.2" 5 2 673500 0 1	W

correct age to

ortant. Physicians: please write the causes of death clearly and legibly.



52 10048 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 52-2 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Box Wallace DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RAL and give INSTITUTION Mercy Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Ashland 2522 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours; Min. JEPT 26,19VV 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Altomore. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clyde Wallace Theresa Trachta 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO L 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! attended the deceased from Left. 26, 1947, to Mov. 2, 1947, that I last saw the 1982 and that death occurred at 6: Jun., from the causes and on the date stated above. Nov. 2. 19 V that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Nov. 2 23A, SIGNATURE 23c. DATE SIGNED Certeza. mona -24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

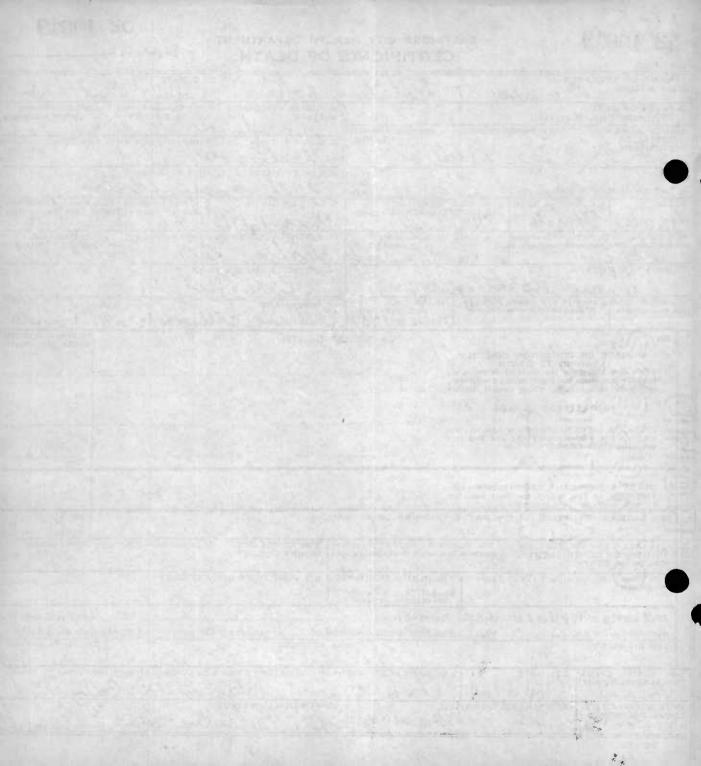


#### BALTIMORE CITY HEALTH DEPARTMENT

52 10049

В	RTH NO.	C	ERTIFICAT	E OF DEAT	Н	negistered r	(0,
1. (T	NAME OF DECEASED vpe or Print)	L S.	Rothlis	ngshofer		OF Nor	1.2 1952
	PLACE OF DEATH: 'Baltimore City, Maryland			4. USUAL RESID	ENCE (Where d	eceased lived. If B. COUNTY	institution: residence before admission)
H	FULL NAME OF (If not in hospital OR STITUTION 2918 2410	or institution	, give street address of location		(If outside	e corpora e limi	s, write RUPAL and give township)
	Length of stay in Politimans	1 1:	Yrs. Mos.	2018		rive location)	Pare.
	Length of stay in Baltimore SEX 6. COLOR OR RACE	7. SINGLE	MARRIED, D.DIVORCED (Specif	8. DATE OF BIRT	H 1910 9A	st birthday) Mo	Under I Year If Under 24 Hours nths Days Hours Min.
	A. USUAL OCCUPATION (Givekind of doubdusting most of royking life, even if retired)	108. KIND 0	F BUSINESS OR (NDUSTR		State or foreign	equntry)	12. CITIZEN OF
13	FATHER'S NIME PORT	Llings	of samlaho		AIDEN NAME	il	V1. 8. W.
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES 1	6. SECIAL SECURITY NO.	17, INFORMANT	a. Rolling	lalir - 2	DDRESS Huthild
	DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which co	dying, e.g., s the disease, used death.)		OF DEATH	Occli	sion	INTERVAL BETWEEN ONSET AND DEATH
FICATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) O UNDERLYING CONDITION LAS	ANY, GIVING	(B)  DUE TO  (C)				
CERTIF	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	NOT RELATED					
AL	19a. DATE OF OPERATION	B. MAJOR F	INDINGS OF OPE	ERATION			20. AUTOPSY?
MEDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		E OF INJURY (c. g. n.factory,street,office bldg			altimore City,	give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						Rahime	
	22. I hereby certify that I atte			- 11 1			that I last saw the
	deceased alive on 23A. SIGNATURE	, 19, an	sky M. D.	23B. ADDRESS	Below	r Rd	he date stated above.    23c. DATE SIGNED   11/3/52
2. TI	A. BURIAL, CREMA- ON, REMOVAL (Specify)	1952 24	C. NAME OF CEME	CERY OR CREMATORY	Castur	ON (City, town,	salto. md.
DL	ATE RECEIVED BY REGISTRAR	SIGNATUR	Hisus M.	25. FUNERAL DI	iller Inc	-2435	E Clivic D

9683 93 100



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION CHURCH HOME & HOSD. Yrs.

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Special

109. KIND OF BUSINESS OR

16. SOCIAL

DUE TO

DUE TO

(C) ...

SECURITY NO.

LIFE

5403		2. DATE OF DEATH	1-1-5-2
et address or location)	4. USUAL RESIDENCE (WA. STATE MD.  C. CITY OR TOWN (IF BALT I MOYE	DALTIN	before admissio
Yrs. Mos. Days	3214 Chose		
ED (Specify)	APTILIS 1874	last birthday) Me	M Under I Year M Under 24 Hear on the Days Hours Min
ESS OR	Mary LAND.		12. CITIZEN OF WHAT COUNTR
	BOWER, KUN	11quelling	
IL RITY NO.	17. INFORMANT  CARYCHTEV.	Λ	Chestey Ans
	OF DEATH		ONSET AND DEAT
Coro	vary occlus	vi on	6 days
ALT.	SCION. ItEA.	T distast	= sugar.
• • • • • • • • • • • • • • • • • • • •			

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

ength of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of)

3. FATHER'S NAME

20.0

WorgE

done dering most of working ble even iffetired)

5. SEX

CERTIFICATION

6. COLOR OR RACE

ROYBEL

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

21c. WHERE DID INJURY OCCUR?

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING□ OR CONTRIBUTING□

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK

10-26 10-1 195210 , 195 that I last saw the

22. I hereby certify that I attended the deceased from. deceased alive on 10-1 23A. SIGNATURE 238. ADDRESS

TION REMOVAL (Specify)

LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY

(State)

20. AUTOPSY

YES

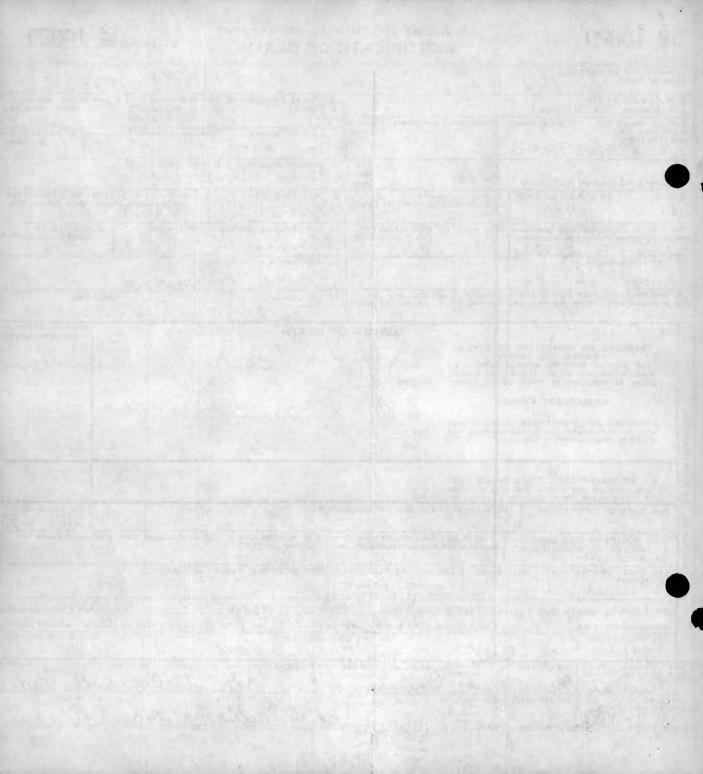
(If in Baltimore City, give exact location)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTR

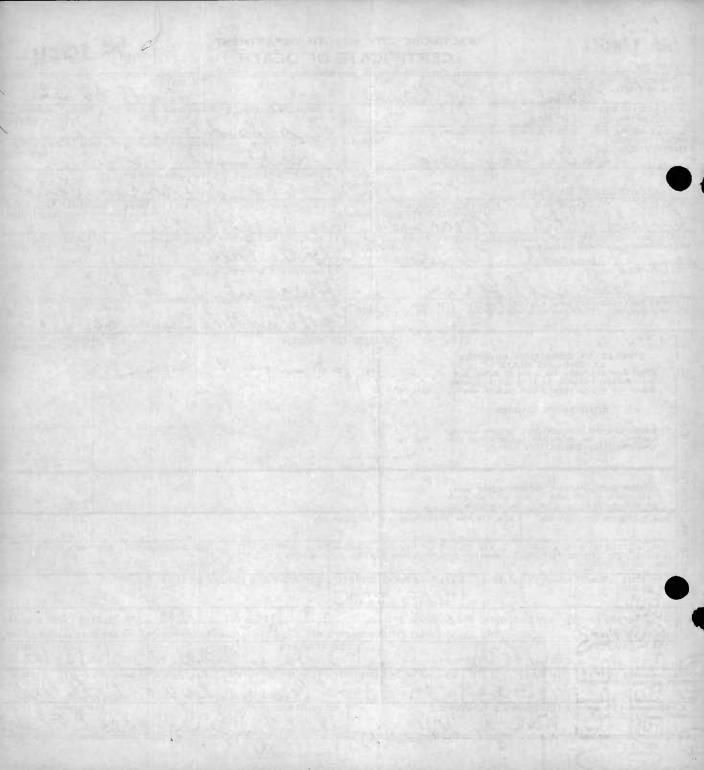
25. FUNERAL DIRECTOR

VS 150

BURIAL, CREMA-



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate him)'s, write RURAL and give INSTITUTION . (If rural give location) Yrs. D. STREET ADDRESS c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekinder 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? 40runewide 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of prvice) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 602x 18. 443X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WORK AT WORK 00 10/30 1976. to 10 L that I last saw the 22. I hereby certify that I attended the deceased from\_ and that death occurred at 11 Pm. from the causes and on the date stated above. deccased alive on 19 23A. SIGNATURE 23B ADDRESS 23c/ DATE SIGNED 24A. BURIAL, CREM 24c. NAME OF CEMETERY OR CREMATORY 24D. LOGATION (City, town, or county) TION, REMOVAL (Specify Burio DATE RECEIVED BY 25. FUNERAL DIRECTO LOCAL REGISTRAR



4	2	-5
52	10	2022
BIRTH	NO	

# CERTIFICATE OF DEATH

52 10022 Registered No. 10022

	TON	35-15-		CERTIF	CAT	E OF DEATH	Reg	gistered No.	of the boat ing
BI	RTH NO.				9, 1,	= 0: 0=/(111			
1. (T	NAME OF E	DECEASED Est	hen	Sci	4 Li	TON	2. DATE OF DEATH	061.00	1952
Α.		City, Maryland				4. USUAL RESIDENCE A. STATE		ed lived. If insti DUNTY	itution : residence before admission)
B. HO IN	FULL NAME OSPITAL OR ISTITUTION	Pine cres	tal or instituti	on, give street s TARIUM	ddress or location)	C. CITY OR TOWN  BALTIMON	(If outside corp	limits, wi	rite RURAL and give township)
	7			2.2	Yrs.	D. STREET ADDRESS	(If rural, give l		
	Length of s	tay in Baltimore		23	- <del>Mos.</del> Days				N STREET
F	emale	White	WIDOW	MARRIED. ED, DIVORCEI OW ED		Octoben 27,187	77 last bir 73	-	Days Hours Min.
worl	House W	CUPATION (Give kind of of working life, even if retired)	OW H	of Busines	S OR DUSTRY	11. BIRTHPLACE (State of TURKE			CITIZEN OF WHAT COUNTRY
	FATHER'S	NAME 1/	os			14. MOTHER'S MAIDEN	NAME		Pereson
15 (Ye		ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURIT	EV NO	17. INFORMANT	<u> </u>	ADDF	RESS
`_	No			SECORT	T NO.	HARRY H. SCAL	JON, 41	4 tlde	
	18.443			C	AUSE (	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	SE OR CONDITION LEADING TO DEA' s not mean the mode of tre, asthenia, etc. It mes complication which	TH of dying, e.g. ans the disease	(A)(	er	ebral Hen 1 LEFT HEM	no reh	n-se	17DAYS
		ANTECEDENT CAUS	SES	1					
CATION	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A)	STATING TH		ype,	etensive CA seasE	PD/OV	ASCU/AI	P. G. H. Kriwy
LIFE		11		TE	RM	INAL			
CERTI	TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	BR		10 pheumonia	B;/47	FERAL	48hours
AL	19A. DATE C	OF OPERATION	9B. MAJOR	FINDINGS C	F OPER	ATION			YES NO NO
1EDICAL		PENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJUR			(If in Baltin	ore City, give	exact location)
Σ	ID. TIME	(Month) (Day) (Year	371 27 3 17		NOT WHILE		JRY OCCUR?	317	
	22. I hereb	u certifu that I at:				ust 21 , 1952, to	October 3	0 1952 tl	hat I last saw th
	deceased a	live on October 2º			th occur	red at 11.25A m., from		and on the d	late stated above
	23A, SIGNA	lin n.	Borde	w	м. р. 5	000 Old Tre	ederile	ROAD 2	10/30/52
710 TIC	AA. BURIAL, ON, REMOVAL (S	CREMA- Specify) 11-3	-52 2	1 rees	CEMETE	setern K	ndso	City, town, or c	Rol (State)
	TE RECEIVE	RAR -	'S SIGNAT	RE Viy	4/3	LAMATOS -	1 1 1 1 0 Y M	1 Hans	DORESS
_	Vs 150		0	WALL ATTIA		4400 E	Nort	5 Ave	
				The same	den &	11.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

100 MARKET THE PARTY OF THE PARTY O

623
BIRTH NO.
1. NAME OF DECEASE (Type or Print) Mr.

# BALTIMORE CITY HEALTH DEPARTMENT

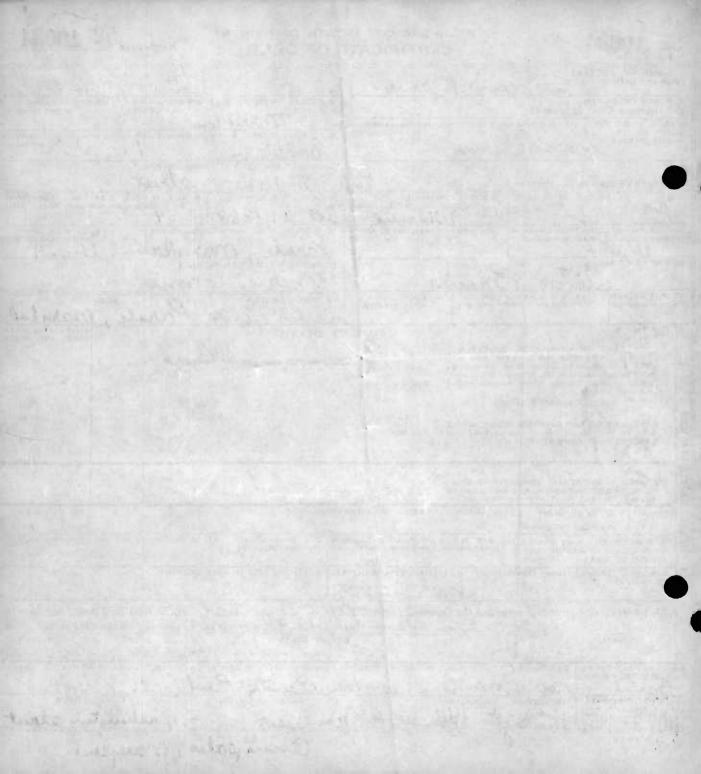
52 10023

CERTIFICATE OF DEATH Registered N 2. DATE Joseph Furst OF 11-2-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corpor te limits, write RURAL and give C. CITY OR TOWN INSTITUTION Bon Secours Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3518 Ellerslie Ave Baltimore 18 Md
DATE OF BIRTH

9. AGE (In years of Under 1 Year of Hours o ength of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White Married 5- 12-71 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Printing Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME oseph. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. -16-5334 Mrs. Clara 3518 Ellerslie Ave 18.420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING arterio sele RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from\_ 5-19\_, that I last saw the 5 2 19 deceased alive on 1/12 .. and that death occurred at/o Am., from the causes and on the date stated above. 23A, SLONATIORE 238. ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR VS 150

V Jesus Manual . The Management of the Control of the CANADA MANADA IN TANDON MANADA MANADA

11	6.50	
1	52 40034	EALTH DEPARTMENT E OF DEATH  Registered No. 10034
В	IRTH NO. CERTIFICAT	E OF DEATH Registered No.
	NAME OF DECEASED Suppe or Print)  ELMON BROWN	2. DATE OF DEATH 10/31/52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY hefore admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR   location)	C. CITY OR TOWN (If outside corporate lights, write RURAL and give
111	NSTITUTION UNIVERSITY HOSPITAL	Battimure 6-05 township
	Yrs. Mos. Davs	D. STREET ADDRESS (If rural, give location)
5	SEX   6. COLOR DR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
	WIDOWED, DIVORCED (Specify)	act 20,1888 64
Wor	DA. USUAL OCCUPATION (Give kind of a done during most of grorking life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1:	B. FATHER'S NAME 4	14. MOTHER'S MAIDEN NAME
	Tilus Brown	Maria Ennis
CY	5. WAS DECEASED EVER IN U. S. ARMED FORCES? se, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
-	18. 162 A. A. CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DNSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	27,030 late in Well (1500)
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC	(C)	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	comin Melauts, To Volustes to
1	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or   21C. WHERE DID (If in Baltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
	m. WHILE AT NOT WHILE MY WORK	
	22. I hereby certify that I attended the deceased from 19 deceased alive on 19 2 and that death occur	
	23A. SIGNATURE	238. ADDRESS 23C. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY DR CREMATORY   24D. LOCATION (City, town, or county) (State)
TI	Burial (Specify) nov. 4, 1952 Jawlers Ch	yel Country Best Gote, maryland
L	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
=	NOV 3 - 1952 Tuntington Visitavis, My.	Win Keese It 108 112. Washington street
	VS 150 784 67	y anipalis, maryland



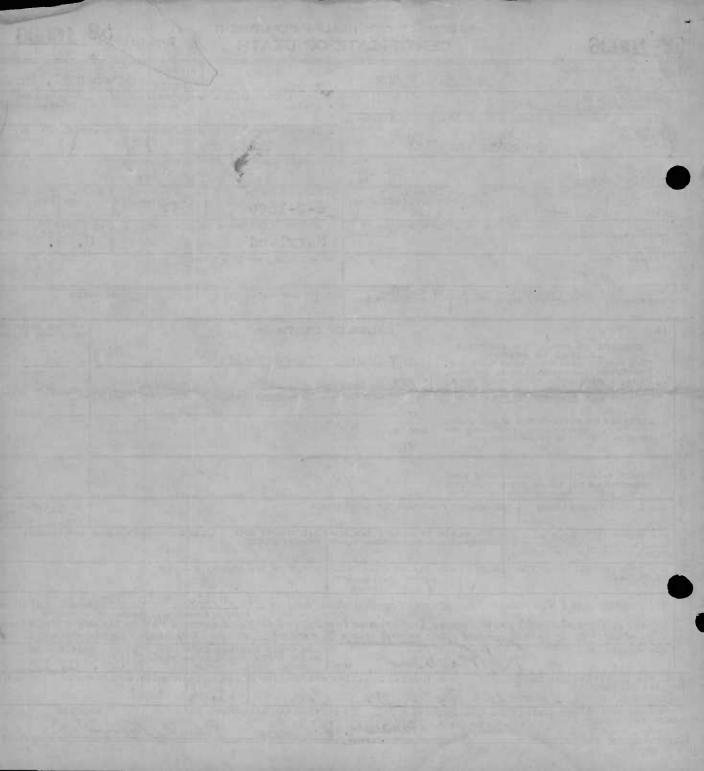
	7-52	5.1	4.77-7.77				
5			ALTH DEPARTMENT	52	10025		
В	IRTH NO. 51-17957	CERTIFICATI	E OF DEATH	Registered No			
1.	NAME OF DECEASED Spee or Print)	Washing	cton	2. DATE NOV 2	- 1952		
	PLACE OF DEATH: Baltimore City, Maryland	VVASTITAL	4. USUAL RESIDENCE (V		tution : residence before admission)		
В.	FULL NAME OF (If not in hospital or instituti	ion, give street address or location)	Md.		1		
	JOHNS HOPKINS HOSPIT		C. CITY OR TOWN (If	outside cornorate limits, we	te KURAL and give township)		
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
	Length of stay in Baltimore  SEX   6. COLOR OR RACE   7. SINGLE	Days	12 Welco	Me Hile Y 9. AGE (In years) If Under	1 Year   If Under 24 Hours		
1		ED, DIVORCED (Specify)	8-5-5-(1991)	last birthday) Months	Days Hours Min.		
Vor.	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)   12.	CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N	AMF	C.S-0.		
	Joseph Washing	ton	Floren S	and a selection	1		
(Y	. WAS DECE SED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKI	ADDR	ESS		
	18. 0/0×	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
H	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
Z	ANTECEDENT CAUSES (B) Miliary tus hercefosis.						
OIF	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.						
1CA		(C)			••••••		
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON						
CEI	TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D					
AL	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, for CAUSE OF DEATH	CE OF INJURY (e. g., id arm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City, give			
2	Pip. Time (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?			
	m.	WORK NOT WHILE					
	22. I hereby certify that I attended the deceased alive on 1/2 2 - 1952	deceased from $10^-$ and that death occur	6 - 1952 to //	$ \mathcal{R}$ $-$ , 195 $\mathcal{R}$ th he causes and on the d			
	23A. SIGNATURE	and that death occur	3B. ADDRESS  JOHNS HOPKINS I	23	BC. DATE SIGNED		
2	4A. BURIAL, CREMA- 24B. DATE	M. D.		OCATION (City, town, or ed	ounty) (State)		
1	on, REMOVAL (Specify)	What P	unt.	Var			
D	ATE RECEIVED Y REGISTRAR'S SIGNATU	RE	25. FUNERAL DIRECTOR		DRESS		
_		Maria M.J.	tamesasta	1800.638 h	Yelmor		
	VS 150						

52, 1,0026

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 10026

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CHARLES MASON	2. DATE OF DEATH October 31, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission
B. FULL NAME OF I f not in hospital or institution, give street address HOSPITAL OR	55 01
INSTITUTION	C. CITTOR TOWNS (II during to political mines, while in the annual in
University Hospital	Baltimore
	rs. o. STREET ADDRESS (If rural, give location)
	Mos.   1418 Madison Avenue
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
male colored WIDOWED, DIVORCED (SE	_6-2-1899 53
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Of ork done during most of working life, even if retired)	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
114D 0 3	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	
Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	O. 17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY	SE OF DEATH ONSET AND DEATH ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	AWAY CARELCATORYS
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF C	PERATION   20. AUTOPSY?
1	YES NO X
21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (a bout bome, farm, factory, street, office) UTING CAUSE OF DEATH.	a g., in or   21c. WHERE DID (If in Baltimore City, give exact location)
Z 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCI OF INJURY NOT WHILE AT NOT WORK AT W.	HILE
	ed above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection	Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural ca	uses $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
TION, REMOVAL (Specify)	ETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
Burial 11-4-52 Balto. Na	to Cem parto. Ma-
DATE RECEIVED BY REGISTRATE SIGNATURE LOCAL REGISTRAR	A MORR. Law 802 Madison Ave.
0 3-130-	J. II. Naw Via Jilagison Tiro.
V S 151	11



# BALTIMORE CITY HEALTH DEPARTMENT

52 10027

of Imal	CERTIFICATI	F OF DEATH	Registered No.	TEOUS I.		
BIRTH NO.		E OF BEATH				
1. NAME OF DECEASED (Type or Print)  SALVATORE	Cerviolia		2. DATE OF DEATH NOV 1	- 1952		
a. Baltimore City, Maryland	J	4. USUAL RESIDENCE (	Where deceased lived. If ins B. COUNTY	titution: residence before admission)		
8. FULL NAME OF (If not in hospital or instit HOSPITAL OR	ution, give street address or location)	c. CITY OR TOWN , (I	f outside corporate Whits, v	mile PAI and give		
JOHNS HOPKINS HO		BALTIMO	HE. LO	township)		
ength of stay in Baltimore	Yrs. Mos. Days	6. STREET ADDRESS (III	rural, give location)	Road		
5. SEX A 6. COLOR OR RACE   7. SING	LE. MARRIED.	8. DATE OF BIRTH	9. AGE (In years It Und	lee I Year   If Under 24 Hours		
male white	WED, DIVORCED (Specify)	7-29-98	54	ns Days Hours Min.		
work done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?		
Builder Sel	f Employed	Italy				
13. FATHER'S NAME,	1.	14. MOTHER'S MAIDEN N	AME .			
Rosarw Cernique	ia	Firancesca	Mucele			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	PKINS HOSPITAL	RESS		
		JOHNS HO	PKINS HOSPITAL			
18. 581.6 Por	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11 /	T. 0				
(This does not mean the mode of dying, e.	g., (A) Nep	ale loud				
heart failure, asthenia, etc. It means the diser injury or complication which caused dea	th.) DUE TO					
ANTECEDENT CAUSES		1				
	(B) Cau	E un Cu	we.			
DISEASES OR CONDITIONS, IF ANY, GIV	ING THE DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	(C)					
0						
OTHER SIGNIFICANT CONDITIONS CO	on.					
TRIBUTING TO THE DEATH, BUT NOT RELA	TEO					
TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPER	ATION		20, AUTOPSY? /		
J 21s Bl				YES NO		
A LACCIDENT WAS UNDER- 1 218. FL	ACE OF INJURY (e.g., In	or 21c. WHERE DID (	If in Baltimore City, give			
LYING OR CONTRIBUTING Dabout home	e, farm, factory, street, office bldg., e	th.) INJURY OCCUR?				
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?			
m. WHILE AT NOT WHILE WORK AT WORK						
	^	18- 1952 to 11	1-1- 1952	2		
deceased alive on 1 - 1952	e acceasea from	red at 405 Am., from t		that I last saw the		
23A. SIGNATURE		38 ADDRESS		23c. PATE SIGNED		
V. Salas de Cel	ular M.D.	JOHNS HOPKINS H	IOSPITAL	11/1/53		
24A BURIAL, CREMA- TION REMOVAL (Specify)	24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)		
Sural 11/5/52	Mew Ca	thedral &	alto Ina	1		
DATE RECEIVED BY   PECISTRAP'S SIGNAT	URE,	25 TUNERAL DIRECTOR	P A A	DRESS		
LOCAL REGISTRAD	MAN M. I	NICOM, Y.V	Maries V 4	mo		

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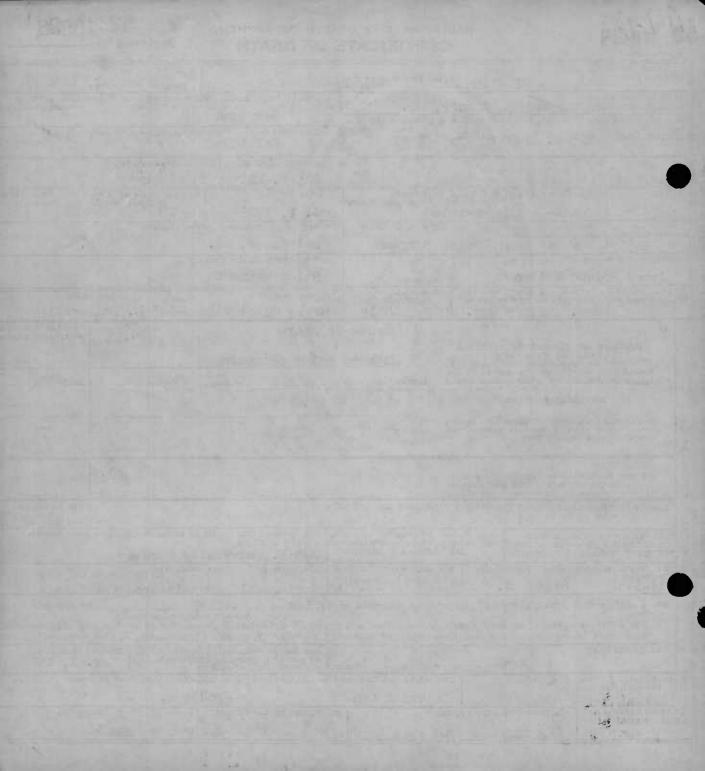
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#### BALTIMORE CITY HEALTH DEPARTMENT

52 10028

	I Taken	)		CERTIF	ICAT	E OF DEATH	Registered	No.
_	NAME OF D							
(T)	Type or Print)	WIL	LIAM ]	RANDALL	WILSO:	N	2. DATE OF DEATH NOV	. 1, 1952
3.	Baltimore (	City, Maryland B	altimo	re. Md.		4. USUAL RESIDENCE (	Where deceased lived.  B. COUNTY	If institution: residence before admission
8.	FULL NAME	OF ('f not in hospit			address or	Maryland	2. 3001111	202010 44111001011
II.	OSPITAL OR ISTITUTION	225 E. Univ	ersity	Parkway	location)	c. CITY OR TOWN (S		nits write RUPAL and give township
	10.8%				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
	ength of s	tay in Baltimore			Mos. Days	225 E. Univer	sity Parkway	
5.	SEX	6. COLOR OR RACE		E, MARRIED. VED, DIVORCE	D (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year if Under 24 Hours
	Male	White	mar	ried	.D (Specify)	Oct. 3, 1923	29	Months Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINES	SS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	Dentis		Denta	al surged	n	Baltimore, Md		U.S. COUNTRY
13	FATHER'S	NAME				14. MOTHER'S MAIDEN I	NAME	
-9	James R	oland Wilson				Hilda Heinema	n	,
15	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL		17. INFORMANT		ADDRESS
(16	a, no or unanown)	Nov. 1944 to		212-20-0		(Mrs.) Carol Wi	1son-225 E.	
	(This does heart failu	94. X SE OR CONDITION LEADING TO DEA s not mean the mode of the action, etc. It means the mode of the complication which of	DIRECTLY TH of dying, e. ons the discase	g., (A) N		OF DEATH  oxide poisoning		INTERVAL BETWEEN
		ANTECEDENT CAUS	SES					
_				(B)		***************************************	***************************************	
ERTIFICATION	RISE TO T	S OR CONDITIONS, I	STATING T	NG HE DUE TO				
AT	UNDERLY	YING CONDITION LA	ST.	(C)	**************	•••••	***************************************	
2		11						
Ē		SIGNIFICANT CONDI						
ER		TO THE DEATH, BUT ISEASE OR CONDITION						
U	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS C	OF OPER	ATION		20. AUTOPSY?
AL								YES NO L
EDICAL	21A. EXTERN UNDERLYIN	NAL CAUSE WAS G M OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJUE form factory, street, IIICE IN	RY (e. g., ir ,office bldg.,e nome	te.) 21c. WHERE DID (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	(If in Baltimore City,	
ME	21D. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY	OCCURRI		Y OCCUR?	one of man
	OF INJURY 11-1-52	6:45 A	• m.	WHILE AT WORK	NOT WHILE	X during self a		
22. I certify that I took charge of the remains described above, held an autopsy Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day and death in my opinion resulted from: natural causes $\square$ , accident $X$ , suicide $\square$ , homicide $\square$ , undetermined.							the day stated above.	
	23A. SIGNAT		rosacca j	· O	- Canoco	238. CHIEF MEDICAL		23c. DATE SIGNED
		1427	(-12	ther-	- м.	D. MEDICAL INVESTIGA	EXAMINER	Nov. 1, 1952
24	A. BURIAL, C	CREMA- 24. DATE		24c. NAME OF			OCATION (City, tow	n, or county) (State)
110	Burial	11/3/5	12	Lorraine	cem.	Wo	odlawn, Md.	
	ATE RECEIVE		SSIGNATU			25. FUNERAL DIRECTOR		ADDRESS
N	CAL REGIST	RAR 050 Huntin	sitor V	Margaras	M. 5	Am (). Tuckner v,	Sons. Inc. B	alto md
V	S 151	1-969.6			93	288002	1	W
	1	, , , ,		212	1			

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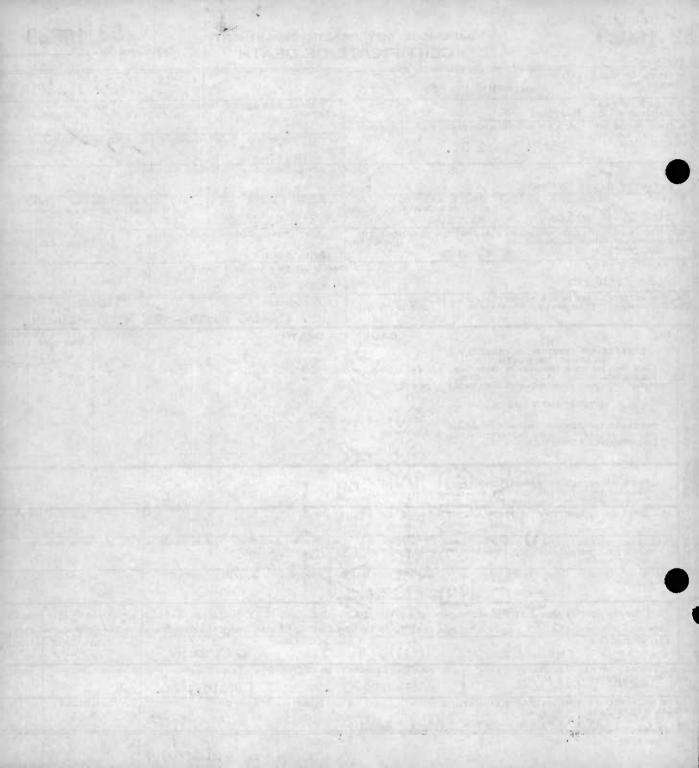


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DA	-	F 6. 3.	Con	

### BALTIMORE CITY HEALTH DEPARTMENT

52 10029

CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Oct. 31, 1952 MARTHA HEATH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate li RURAL and give INSTITUTION 24 N. Pearl St. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | | Under | Year | | Under 24 Hours last birthday) | Months | Days | Hours | Min. AGE (In years) female white married Sept. 5, 1889 IOA. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Housewife INDUSTRY WHAT COUNTRY? at home Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jim Franklin Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. no Mr. William Heath - 508 W. Fayette St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 1952-to Oct 31 , 1952 that I last saw the 1952 and that death occurred at. UP m., from the causes and on the date stated above. deceased alive on Och 31 23A. SIGNADURE 23p. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-248 DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Baltimore Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR



cschenes 52 10030 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LEO DESCHENES EIHRAN 2 Non 5 2 OF DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence

a. STATE

B. COUNTY

before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUPAL and give INSTITUTION 5033 D. STREET ADDRESS (If rural, give location) Yrs. Mos. Frederich au c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE. MARRIED 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) M June 3, 1904 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY sprayer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nown to was tour 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY N INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ...... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or | about home, farm factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILEAT . 1952 to 2 Nov. , 195 that I last saw the

deceased alive on 2 non 195 and that death occurred at 7:20 m., from the causes and on the date stated above.

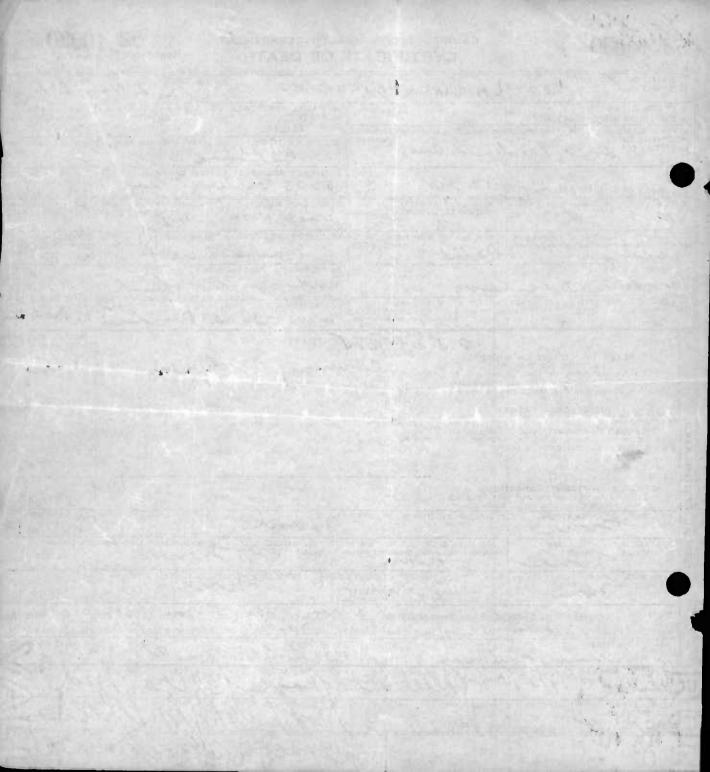
23c. DATE SIGNED 23A. SIGNATURE 13.3 V

REGISTRAR'S SIGNATURE

2 FUNER

· VS 150

DATE RECEIVED BY

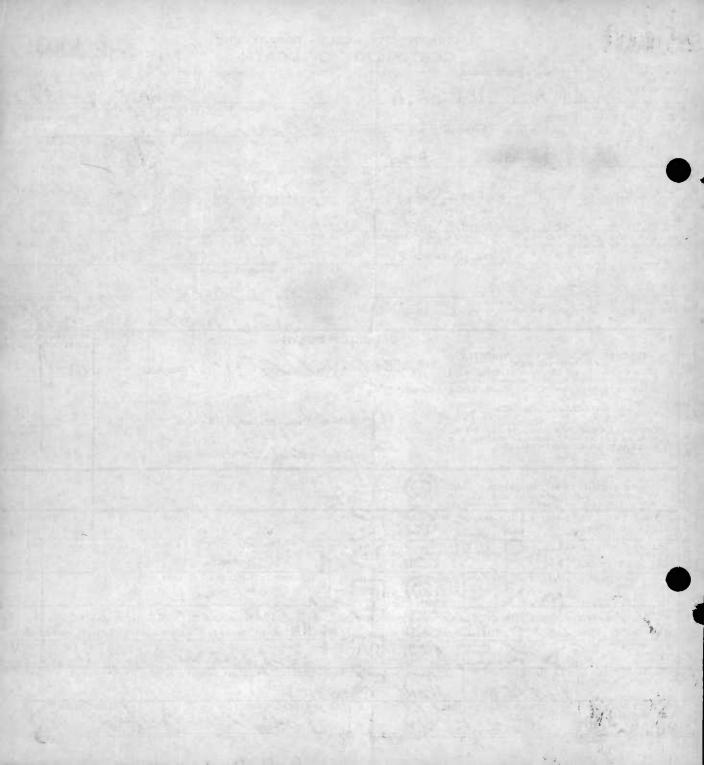


2 10031

#### BALTIMORE CITY HEALTH DEPARTMENT

52 10031

RI	RTH NO.			CERTIFICATI	E OF DEATH	Registered	42 TOOO'S
1.	NAME OF DECEASE	D A L A	N/ (	CEV		2. DATE OF 0	
	PLACE OF DEATH:	NA	NU	DSEK	4. USUAL RESIDENCE	DEATH NOV	
Α.	Baltimore City, M				A. STATE	O . COUNTY	before admission)
	FULL NAME OF (I OSPITAL OR	f not in hospit	al or instituti	ion, give street address or location)	C CITY OR TOWN		its, write RURAL and give
IV	ISTITUTION /63	4 Hos	n eale	Road	D 2 - V		township)
	1203		or gra	Yrs.	D. STREET ADDRESS		
C.	Length of stay in I	Baltimore	127	lay Mos.	807 1.	Rabinsa	a stylet
		OR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	Female W	hite	0	PED, DIVORCED (Specify)	march 25 18		Months Days Hours Min.
1 O	A. USUAL OCCUPATION Adone during most of working li	ON (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
	Dogge, working to	and, even in remed)	House	wife	Poland		WHAT COONTRIT
13	FATHER'S NAME	100	// .		14. MOTHER'S MAIDEN	NAME	
	John 4	Mals	hi		mary Kop	rawski	
(15 (Y)	WAS DECEASED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Λ /	ADDRESS /6 34
					Manislaus	hasely in	Veneals Road
	18. 422.1			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISFASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,					10-2-52	
	injury or complica	ation which c	aused death	e, .) DUE TO			
	ANTECEDENT CAUSES					2 1-1	
Z	PISTASTS OF CONDITIONS IS ANY OF THE BOOK OF THE PROPERTY OF T						10-2-51
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Chim Representation  (B) Chim Representation  (B) Chim Representation  (C) Chim Representation  (B) Chim Representation  (C) Chim Repre						
CA	UNDERLYING CONDITION LAST. (C) Assessed factories						10-27-12
F		11					
RT	OTHER SIGNIFIC	ANT CONDI			ALCOHOLD OF V		
CE	TO THE DISEASE C	R CONDITION	CAUSING I	Т.	4		
1	19A. DATE OF OPER	ATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	214 ACCIDENT WA	4 INDED	218. PLA	CE OF INJURY (a.e. in	or 21c. WHERE DID	(If in Baltimore City	give exact location)
(ED)	21A. ACCIDENT WALLYING OR CONTI	RIBUTING	about home, f	ACF OF INJURY (e. g., in farm sectory, street, office bldg., e	INJURY OCOUR?	4	, give exact location,
	ID. TIME (Month) of INJURY	(Day) (Year)		21E. INJURY OCCURR	1	JRY OCCUR?	
		me	m.	WHILE AT WORK	7	me	
	22. I hereby certif	u that I att	ended the	deceased from	0.2. 1987 to	11-1- 19	hat I last saw the
	deceased alive on_	10-31-	19/2	and that death occur	red at 15 A m., from	n the causes and on	the date stated above.
	23A. SIGNATURE	-11		/ 2	38. ADDRESS		23c, DATE SIGNED
	16	Schen	nun	M. D.		Thue	11-3-15
710	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	24B. DATE	-	24C. NAME OF CEMETE		. LOCATION (City, tow	n, or county) (State)
-		11/5/3	52		SARY		
	ATE RECEIVED BY	REGISTRAR'	SSIGNATU	JRE .	25. FUNERAL DIRECTO	Pal Dod	ADDRESS
	NOV 3 - 1952	11m	structor	n Milliams	12/0mg/	4 11-00	9
	VS 150		0.	E O O	8)		
1			,	the wind that	1000	1	



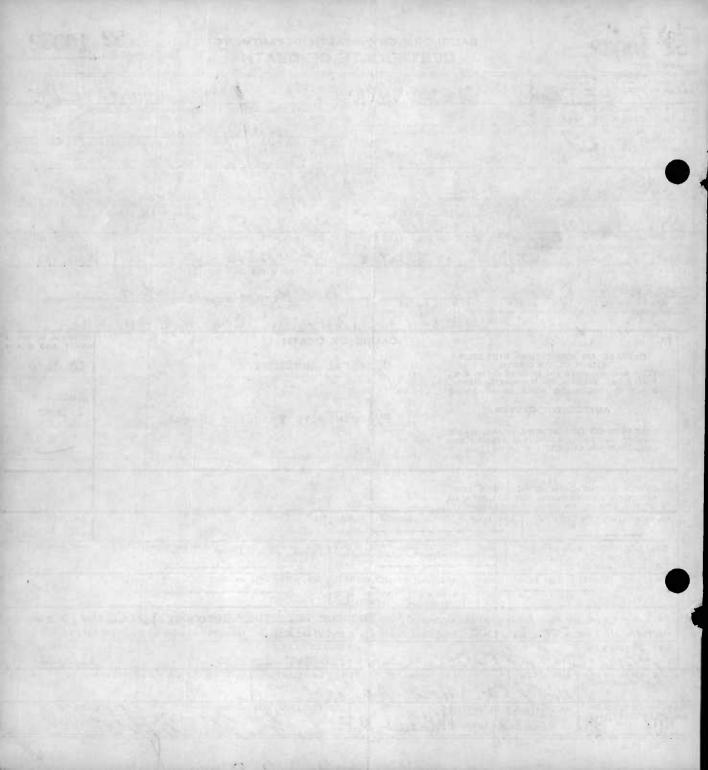
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#### BALTIMORE CITY HEALTH DEPARTMENT

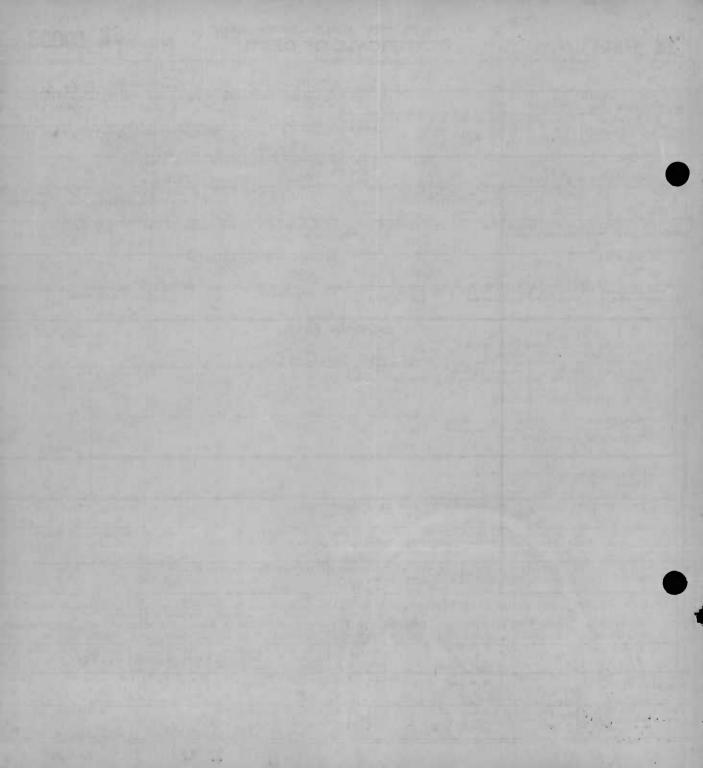
52 10032

C	RTH NO.	36	1334	CERTIFICAT	E OF DEATH	Registered No	Tanas
1.	NAME OF E	PFTER	D	ELINSK	i	2. DATE OF DEATH HOST	1 1952
	PLACE OF D Baltimore	EATH: City, Maryland			4. USUAL RESIDENC	E (Where deceased lived, If in	stitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	on, give street address or location		(If outside corporate limits.	vrit RUAL and give township)
1		N. SO	f.	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	<b>*</b> 4
	Length of s	stay in Baltimore	diffes	Days		ann o	west
5.	W,	6. COLOR OR RACE	WIDOW	E. MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH		hs Days Hours Min.
	A. USUAL OC	CUPATION (Givokind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)   1	2. CITIZEN OF
mo	n. 0.	ture O's otata	No Per	e Theatre	Raltin	las e	WHAT COUNTRY
13	FATHER'S		0	v_prame a	14. MOTHER'S MAIDE	N NAME	71.01.01
6	entho	us Delin	NIMA		Kathenine	Penter	
15	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		DRESS
(16	s, no or unknown)	(11 Yes, give war or date	s of service)	SECURITY NO. 216-10-8209	h 0 3	elinali 1101	as. M
	18. 14.11	7 ×			OF DEATH	TOUR TOU	INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	0001	O. DEATH		ONSET AND DEATH
	LEADING TO DEATH Cerebral Accident						10 days
	heart failure, asthenia, etc. It means the disease,						****
	injury or complication which caused death.) DUE TO						About
_		ANTECEDENT CAUS	SES	Hyper	tensive Vascula	ar Disease	l Year
6	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G		21 22 00120	****
F	UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO			
υ				(C)			
CERTIFICATION		11					
ER	TRIBUTIN	SIGNIFICANT COND.  TO THE DEATH, BUT	NOT RELATE	D			
U		OF OPERATION		FINDINGS OF OPE	DATION		Lao Altropova
SAL	- ISA. DATE						YES NO
<b>IEDICAL</b>	LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore City, giv	e exact location)
	ID. TIME	(Month) (Day) (Year	(Hour)	21E, INJURY OCCURF	RED 21F. HOW DID IN	JURY OCCUR?	
	DI INJUNI		m.	WHILE AT NOT WHILE			
	22. I herel	y certify that I at	tended the	deceased from Oct	ober 20, 1952 to	November 11, 1952,	that I last saw the
	deceased a	live on Nov. 1,	_, 1952 ,	and that death occu	arred at 5:10p on., fr	om the causes and on the	date stated above
	23A. 9 GNA		ma	P7 .	23B. ADDRESS		23C. DATE SIGNED 11/3/52
2	4A. BÜRIAL,	CREMA- 24B, DATE	1000	M. D.	516 Cathedral	4D. LOCATION (City, town, or	
TI	ON, REMOVAL	Specify)	(ni		2001/	TO LOCALION (ONLY WAN) O	(would)
	ATE RECEIVE	D BY   REGISTRAR	SSIGNATION	HOW KOS	AR 9	TOR 4	ADDRESS
L	REGIST	9552 Hunt	instor	Williams Mi	2 John	M. notes	/

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B	560 REH NOO	133 Non Ke	BAI	CERTIFICAT			Registere'd'	2.100	33
1. (T	NAME OF C						DATE	1 0	000
	PLACE OF D	EDN	A 22	uldred	BAINER II 4. USUAL RESID		OF NOVE		
Α.	Baltimore (	City, Maryland			A. STATE		B. COUNTY		e admission)
H	FULL NAME OSPITAL OR			ion, give street address o location			le corporate lim	its orteRUR	AL and give
II.	ISTITUTION	Baltimore Ci	ty Hos	pital	Baltimor	re	6	01 6	township)
	ength of s	tay in Baltimore		Yrs. Mos.	b. STREET ADDR	RESS (If rural, nville Ave	give location)		
5.	SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRT	H 9. A	GE (In years		l Under 24 Hours
	Female	White	WIDOV	VED, DIVORCED (Specify	Oct. 5-1	195)	ast birthday) N	Ionths Days H	lours Min.
		CUPATION (Give kind of of working life, even if retired)	10B, KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		country)	12. CITIZEI WHAT	N OF COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MA	AIDEN NAME			
	7-1	mk R-			Pomo	el l	· la.		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0000		ADDRESS	
Ì	-		,	-	Pearl K	3 river	. 61	08 San	relle au
ERTIFICATION	(This does heart fails injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEATS In not mean the mode ore, asthenia, etc. It mean complication which complication which complication which complication which complication with complication complication with complication compli	I'H f dying, e. no the disease aused death EES F ANY, GIVII STATING TI ST.  TIONS COI	(A) Acute (B)	OF DEATH Peritonitis			ONSET	AND DEATH
0	19A. DATE C	F OPERATION 1	B. MAJOR	FINDINGS OF OPE	RATION			1	TOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., arm, factory, street, office bldg.			Baltimore City,	give exact loc	ation)
MI	2 1D. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		O INJURY OCC	UR7		
	the ev	idence obtained by ath in my opinion	said Auto	remains described opsy, Inspection or rom: natural cause	Inquiry, find that <u>s                                   </u>	suicide □, h EDICAL EXAM EDICAL EXAM	tion or Inquiry ed died on t comicide, INER	he day stat	ed □.
24	A. BURIAL,	CREMA- 248. DATE	Olegya	2 AC. NAME OF CEMETE	1.D.   MEDICAL INV ERY OR CREMATORY		ON (City, town	n, or county)	(State)
110	N. REMOVAL (S	11	-1953	mr. En	mel	A Bo	mell	18	med.
	TE RECEIVE DCAL REGIST	D BY   REGISTRAR'S	SIGNATU	Malagram M.	25. FUNERAL DIF	RECTOR	11	ADDRESS	21/
V	S 151		0	4		0 9 6	1	7.4	18



(Type or Print)		IRVING	WIS	STLING			OF DEATH	Oct.	31,	1952
a. Baltimore City	, Maryland			M 3	4. USUAL RESIDENCE A. STATE Maryland		ere deceased B. COU			on : residence efore admiss
B. FULL NAME OF HOSPITAL OR	f not in ho	spital or instit	ution, give stre						- O des	111
INSTITUTION				location)	C. CITY OR TOWN	(If ou	itside corpor	ate limits,	Write R	UKAL
12	South Ba	ltimore	General	Hospita	1 Baltimo:	re		6		towns
				77			1 1 1			

hip) D. STREET ADDRESS (If rural, give location) Mos. 3719 St. Victory Street ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH

21c. WHERE DID

INJURY OCCUR?

3719 St. Victory Street

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hours | Min. male white March 29.1914 Married

10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Baltimore, Maryland Balto. City Highway Dept.

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Anna Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO.

No Mrs. Catherine Wistling

CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carbon tetrachloride poisoning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Acute and chronic alcoholism DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(C) .... OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIBabout bome, farm, factory, street, office bldg., etc.) UTING IT CAUSE OF DEATH. home ZID. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED Sct. 31 NOT WHILE WORK

22. I certify that I took charge of the remains described above, held an

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ .

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY! Burial Cedar Hill DATE RECEIVED BY

ADDRESS Same INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? (If in Baltimore City, give exact location)

12. CITIZEN OF

WHAT COUNTRY

ion)

21F. HOW DID INJURY OCCURMISTOOK carbon tetra chloride for alcoholic beverage & drank inspection & inquiry thereon and from

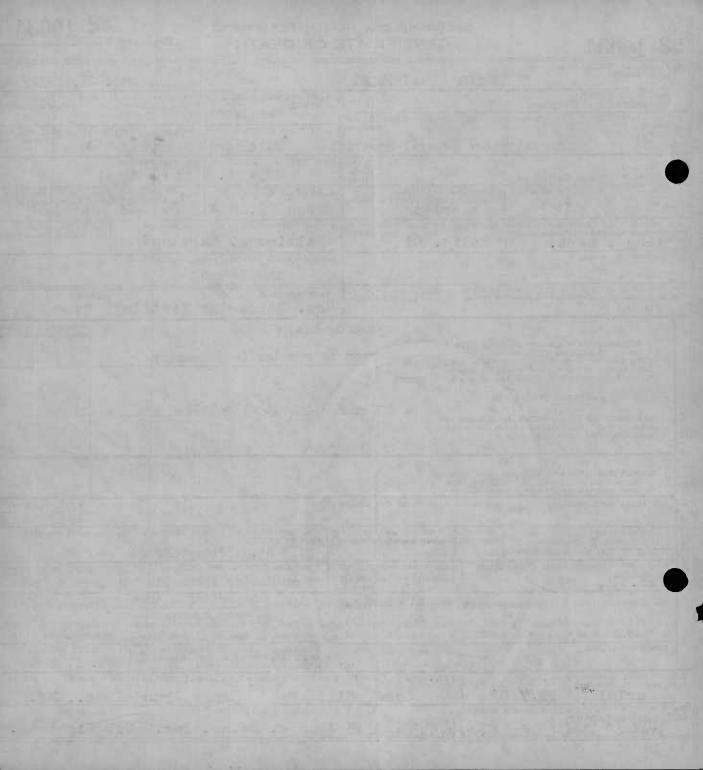
238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... Nov. 1. 1952 MEDICAL INVESTIGATOR. 24D. LOCATION (City, town, or county)

Anne Arundel Co. Md. ADDRESS 25. FUNERAL DIRECTOR John F. Denny, Inc. 715 Light St

RTIFICATION

Ш

U



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10035

Balto. 30, Md.

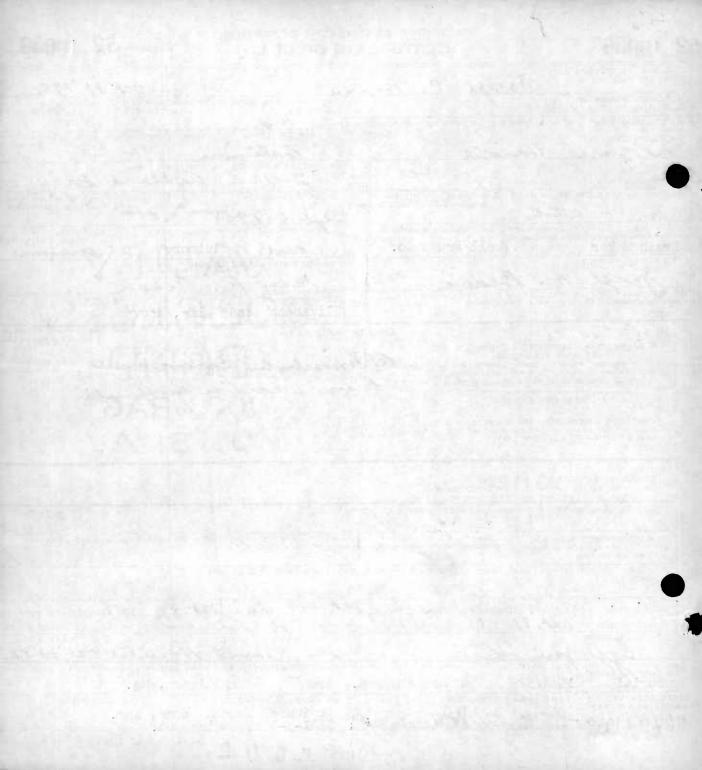
Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF November 2,1952 Frederick Abt 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside comporate fimits, write LURAL and give INSTITUTION 825 Light Street Baltimore p. STREET ADDRESS (If rural, give location) Mos. 825 Light Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. Mala White January 18,1886 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR work done during most of working life, even if retired) U.S.A. INDUSTRY Bakery Austria Baker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Agnes M. Abt Same INTERVAL BETWEEN 18. 2414 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH and (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO L YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) NOT WHILE M 2 195/ to m 2. \_, 195, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on he 2, 193 and that death occurred at 131 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-11/5/52 Baltimore, Md. Holy Cross REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR John F. Denny, Inc. 715 Light St.

530 210036 1. NAME OF DE

# BALTIMORE CITY HEALTH DEPARTMENT

Registered N2 10036

B	IRTH NO.			CERTIF	ICATE	OF DEAT	Н	Registered	w Trinco
	NAME OF DECEA		seph	c. 8	endo		2. D		31'1952
	Baltimore City,	1				4. USUAL RESIDE	ENCE (Where de		institution : residence before admission)
B. H	FULL NAME OF OSPITAL OR ISTITUTION		tal or institut	tion, give street s	address or location)	c. CITY OR TOWN			s, write RURAL and give
1.	me. genra	e Hos	sital			Balt	40.01.0	1-0	township)
	0	0		lio		D. STREET ADDRE			
	length of stay i			-	Mos. Days	271		hland	fre.
5.	m.	White	7. SINGLI WIDOW	VED, DIVORCE	O (Specify)	ELL- 5	las	SE (In years to birthday) Mo	f Under I Year If Under 24 Hours onths Days Hours Min.
1C	A. USUAL OCCUPA k done during most of worki	TION (Give kind o	10B. KIND	OF BUSINES		BIRTHPLACE (S		ountry)	12. CITIZEN OF
I	Brush Maker		Dell B	rush Co.	DOSTRI	ma.	Baltimor	e	MHAT COUNTRY!
13	FATHER'S NAME	*	n			14. MOTHER'S MA	IDEN NAME		
1.5	Joseph	A . 1	sind	e e		mary	R. C	chak	
(Ye	o, no or unknown) (If	ER IN U, S. ARME yes, give war or dat	D FORCES?	16. SOCIAL SECURIT		7. INFORMANT lizabeth Be	nda Wife		DDRESS
ERTIFICATION	(This does not i heart failure, ast injury or comp  ANTE  DISEASES OR RISE TO THE AB UNDERLYING	henia, etc. It melication which  CEDENT CAU  CONDITIONS, 100YE CAUSE (A)  CONDITION L.	TH of the control of	(B) NG HE DUE TO (C)		oscholi u Z car	cas.	i-vascu compuns	DNSET AND DEATH
CE	TRIBUTING TO T	HE DEATH, BUT	NOT RELATE	D			,		
٦	19A. DATE OF OP	ERATION	l9в, MAJOR	FINDINGS O	F OPERA	TION			20. AUTOPSY?
EDICA	21A. ACCIDENT OF LYING OF DEAT	ITRIBUTING [		ACE OF INJUR			ID (If in B	altimore City, 1	YES NO L
N	21D. TIME (Month)		' '		OCCURRED	21F. HOW DID	INJURY OCC	JR?	
	22. I hereby cer	tify that I at	tended the	deceased fro	m our	23 ,192	to oct.	7/	that I last saw the
	deceased alive o					ed at SP. m.	from the cau	ses and on th	he date stated above.
	23A. SIGNATURE		0	- (244)	231	ADDRESS		11,00	23c. DATE SIGNED
24	IA. BURIAL CREMA	V24B. DATE	den	24c. NAME DF	M. D. CEMETER	DR CREM TORY	24D. LOCATIO	ON (City, town,	or county) (State)
TIC	N. REMOVAY (Specify Burial	11/4/52		Moreland			Baltimo		
	ATE RECEIVED BY DCAL REGISTRAR	REGISTRAR				5. FUNERAL DIR Schimunek I 2601-3-5 E.	ECTOR	ome, Inc.	ADDRESS
	VS 150	of seems of war	9	9 5 9	80.	3200	2 9		



521 5210037 1. NAME OF DECEA (Type or Print) 3. Platemore City

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10037

SIRTH NO.					
I. NAME OF D Type or Print)		K CINCIBUS Jr.		2. DATE OF	12/02
B. PLACE OF D	EATH: City, Maryland	K CINCIISUS Jr.	4. USUAL RESIDENCE (W	herc deceased lived. If	institution: residence before admission)
FULL NAME	OF (If not in hospi	tal or institution, give street address o	,	CARR	
NSTITUTION	11	location	c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give township)
	UNIVERSI	TY HOSP.		561	14
9		Yrs.	D. STREET ADDRESS (If I	rural, give location)	
. Length of s	tay in Baltimore	Mos. Days	SPRING GROVE	E STATE F	TOSPITAL
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours
M	NS	WIDOWED, DIVORCED (Specify	Sept. 9, 1897	ast birthday) W	onths Days Hours Min.
OA. USUAL OC	CUPATION (Give kindo)	1 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
etired ma	of working life, even if retired.	Crown Cork & Seal			WHAT COUNTRY?
3. FATHER'S	NAME	COAK PROOLS	14. MOTHER'S MAIDEN NA		
FRA	INK CINCIA		ANTONIE ZI	ANO	
5. WAS DECEASE	ED EVER IN U. S. ARME	D FORCES?   16. SOCIAL	17. INFORMANT		DDRESS
(es, no or unknown)	(If yes, give war or dot	es of service) SECURITY NO.	Mrs. Angela Turek		
	1	CALISE	OF DEATH		INTERVAL BETWEEN
18. 420	SE OR CONDITION		OI BEATH		ONSET AND DEATH
	LEADING TO DEA	TH //	TE PULMONARY	Farma	8 min.
(This does heart failu	not mean the mode re, asthenia, ctc. It me	of dying, e.g., (A)	IE IULMONARY	LDCMA	a min.
	complication which				
	ANTECEDENT CAU	SES	7		0
			CONARY THROMA	30515	8MIN
	S OR CONDITIONS, HE ABOVE CAUSE (A)				
UNDERLY	ING CONDITION L	AST.			
	DAYS OF THE PARTY	(6)			***************************************
	H				
	IGNIFICANT COND	NOT RELATED	OWEL OBSTRUCT		10
	ISEASE OR CONDITION	1 GROUNG III		الم ه ١	10 DAYS
19A. DATE C	F OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
{					YES NO
	ENT WAS UNDER- R CONTRIBUTING	218. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.		f in Baltimore City,	give exact location)
10010	(Month) (Day) (Year	(Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
INJURY	(====, (====	WHILE AT NOT WHILE			
		m. WORK AT WORK		1-	
22. I hereb	y certify that I at	tended the deceased from/	,		that I last saw the
deccased al	live on_ 11/2	_, 1952, and that death occu	erred at 1240 m., from th	ie causes and on t	he date stated above.
23A. SKIN	TURE /	0 -11	23B, ADDRESS _ //		23c. DATE SIGNED
1	onnova	acrett M. D.	Umversely Hos	3/1.	11/2/52
24A. BURIAL.	CREMA- 248. DATE	24c. NAME OF CEMET	ERY OR CREMATORY 24D. L	SCATION (City, town	or county) / (State)
TION, REMOVAL (S Bur		Oak Hill Ceme	tery Baltin	more, Md.	
DATE RECEIVE	1212	S SIGNATURE .	25. FUNERAL DIRECTOR	, , , , , ,	ADDRESS
OCAL REGIST			Schimunek Funeral	Home, Inc.	
WILL 3 -	MAN THANK	MARKON FIRMANIA	12601 3 5 F Madie	on St	

95 \$94320030

52 10038 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 2. DATE Sun. nov. 2 1. NAME OF DECEASED (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate lines, write PORAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED If Under 1 Year 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. comed 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OF 11. BIRTH LACE (State or foreign country 12. CITIZEN OF work done daring most of working life, even if retired) tousewife 3. FATHER'S NAME MAIDEN NAME 12 WAS DECEASED EVER IN U.S. ARMED FORCES? (1es, no or unknown) (If yes, gits ar or dates of service) 16. SO IAL SECURITY NO. 18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK AT WORK , 19 , to H 22. I hereby certify that I attended the deceased from. , 19\_\_\_, that I last saw the and that death occurred at 18 150 m., from the causes and on the date stated above. deceased alive on\_ 23C. DATE SIGNED 23A. SIGNATUR 23B. ADDRESS 24A. BURNAL CREMA-24B. DATE 24C NAME OF CEMETERY OR 24D. LOCATION (City, town, or county) (State) TION REMOVAL (Specify) ATE RECEIVED BY LOCAL REGISTRAR

	130 10039 BIRTH NO.			LTH DEPARTMENT OF DEATH	NT Registered	52 1 No.
1	1. NAME OF DECEASED (Type or Print)  3. PLACE OF BEATH: A. Baltimore City, Maryland	T, MAURICE			Z. DATE OF DEATH E (Where deceased live). B. COUNTZ	If inst
	B. FULL NAME OF (If not in ho HOSPITAL OR	ospital or institution, give stre	et address or	CITY OR TOWN  PURAL - DI	(If outside corporate line TALE TSLAN	Beaits, w
	Length of stay in Baltimor	2 month	Yrs. Mos. Days	STREET ADDRESS	(If rural, give location)	
	5. SEX 6. COLOR OR RA	MARKIE	ED (Specify)	6/12/97	9. AGE (In years last b; hday)	If Unde Month
Ш	10A. USUAL OCCUPATION (Give ki	ind of 108. KIND OF BUSIN	ESS OR   11	I. BIRTHPLACE ( ate	or foreign htry)	1 12

Own Grocery

Business

SOCIAL SECURITY

DUE TO

DUE TO

If institution residence A before admission) limits, write RURAL and give township) If Under 1 Year If Under 24 Hours day) Months Days Hours Min. 11. BIRTHPLACE ( ate or foreign 12. CITIZEN OF MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH widespread metastases

52 10039

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION

UNDERLYING CONDITION LAST.

ork done during most of working life, even if retired)

18.

U

EDICAL

R IN U. S. ARMED FORCES? yes, give war or dates of service)

OTHER SIGNIFICANT CONDITIONS CON-

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

DISEASE OR CONDITION DIRECTLY

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

about home, farm, factory, street, office bldg., etc.)

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

22. I hereby certify that I attended the deceased from\_

and that death occurred at 8:10

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

20, AUTOPSY

, that I last saw the

from the causes and on the date stated above.

246. LOCATION (City, town, or county)

Deals Island, Md.

23c. DATE SIENED

ADDRESS

24A. BURIAL, CREMA Burial

Nov. 5, DATE RECEIVED BY REGISTRAR'S SIGNATURE

24B. DATE

St. John's Cemetery 25. FUNERAL DIRECTOR

23B, ADDRES

Funeral Home, Inc.

Madison

VS 150

CAUSE OF DEATH

deceased alive on

23A, SIGNATURE

ASSOCIE MANGELE POPEN DATE and the state of t

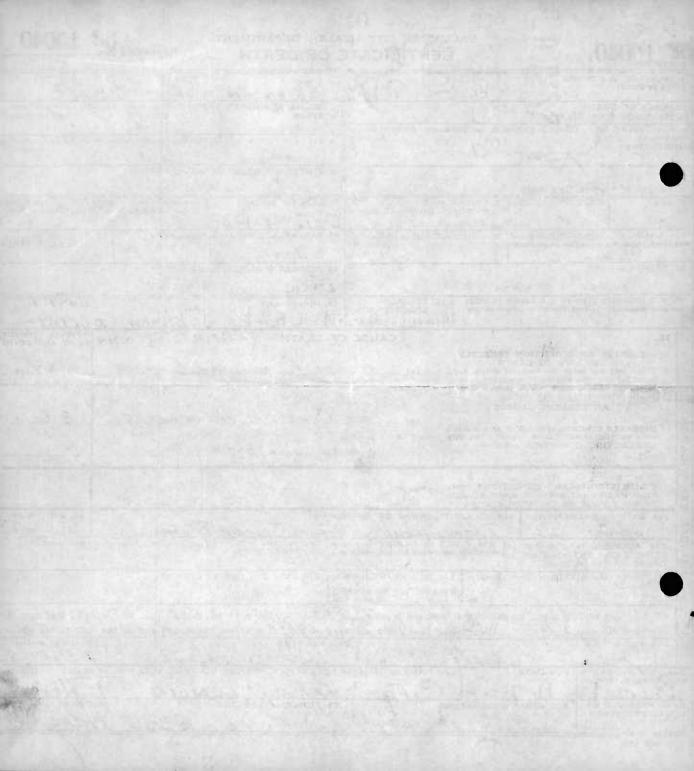
525
52 10040 BIRTH NO.
1. NAME OF DECE (Type or Print)

VS 150

### BALTIMORE CITY HEALTH DEPARTMENT

52 40040

)/ BI	2 10640 IRTH NO.	CERTIFICATE	OF DEATH	Registered N	10040
1. (T	NAME OF DECEASED (Sype or Print)  BILLIE JOHN	son (OR) Will	te Johnson	2. DATE OF DEATH	2/52
	PLACE OF DEATH: Baltimore City, Maryland	7	4. USUAL RESIDEN	CE (Where deceased lived, If i	institution: residence before admission)
В.	FULL NAME OF (If not in hospital or institu	tion, give street address or location)	C. CITY OR TOWN	(Year-tein)	10
11	ISTITUTION UNIVERSITY HOS		72	(If outside corporate limits	township)
7		Yrs.	D, STREET ADDRESS	S (If rural, give location)	
	Length of stay in Baltimore	Mos. Days	4609 YOX	EK ROAD	
5.	WIDON	LE, MARRIED, WED, DIVORCED (Specify)	0. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths Days Hours Min.
1C		D OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?
	NURSE	INDUSTRI	TENN.		WHAT COUNTRY
13	3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
15	CHARLES JOHNSON  5. WAS DECEASED EVER IN U. S. ARMED FORCES?	146.606141	Dicie G	Reen	2
(Ye	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mr. Charle		Box 151-
	18. 002X	CAUSE	OF DEATH L	MOIR CITY-TEN	. HAITEDVAL DETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TE POLMON	France	121
	(This does not mean the mode of dying, e. henrt failure, asthenia, etc. It means the disea injury or complication which caused deat	se.		SARY EDEMA	12 ms
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVE		OPERATIVE	HEMORRHAGE	3 days
E	RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	HE DUE TO	7		
2		(C)	000 DYSCRA	SIA	
ERTIF	OTHER SIGNIFICANT CONDITIONS CO	FD			
U	19A. DATE OF OPERATION   19B. MAJOR		ATION		20, AUTOPSY?
Ä	30 Oct. 1952 TUBE	ERLULOUS OF	APICAL SEGME	ENT RT UPPER LOBE	YES NO
1EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home	ACE OF INJURY (e. g., ir ,farm,factory,street,office bldg.,e	or 21c. WHERE DIE	(If in Baltimore City, g	ive exact location)
2	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F, HOW DID I	NJURY OCCUR?	
`	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the	e deceased from 29	Oct 1952,	to 2 Nov , 195	that I last saw the
				rom the causes and on th	
	23A STSNATURE DE GASSIEL	# M. D. 2	3B. ADDRESS	to bless.	2 Nov 1952
2. TI	4A BUNIAL, CREMA- 24B. DATE ON REMOVAL (Speqify)	24c. NAME OF CEMETER	RY OR CREMATORY	2 D. LOCATION (City, town,	
	Buria 11-7-52	CITU Ce	MFICRY	LENOIR -	IENN
	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE-	25. FUNERAL DIREC	TOR	ADDRESS
	MANY 2 10ED TI Toucher	I THE A / LILDER MONTH	V / L	6 5 305	HANLON



416 52 10041 BIRTH NO.

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 10041

DBI	IRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	T.JO.T.L
1. (T	NAME OF DECEASED (Type or Print)  ALPhue	s J. Ken	hhbauer	OF DEATH NOV.	1-1952
Α.	Baltimore City, Maryland		4. USUAL RESIDENCE (W	Where deceased lived. If inst B. COUNTY	titution: residence before admission)
H	FULL NAME OF (If not in hospital or inst OSPITAL OR ISTITUTION	itution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	
1	2924 ARLI	NGTON Ave.		MOREVI	township)
G	Length of stay in Baltimore	Yrs. Mos. Dnys	D. STREET ADDRESS (If	rural, give location)	Ave.
	SEX   6. COLOR OR RACE   7. SIN	GLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		er l Year II Under 24 Hours s Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF WHAT COUNTRY?
1	ETIRED MOTORMAN-	B.T.C.	DALTIMON	Ro Mo.	
	Taba Kahl hau	ST. PAILWAY	14. MOTHER'S MAIDEN N	AME	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES, as or nnknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS SAM
	18. / 5/ /	CAUSE (	7- MRS. WAU	IKH JONLA	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY A.	1.1		ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused do	sease,	useized ca	cesar-ale	4000.
	ANTECEDENT CAUSES	Care	unana of sle	eru aele	3 40.
N O	DISEASES OR CONDITIONS, IF ANY, G	(B)	•••••••••••••••••••••••••••••••••••••		***************************************
AT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)			
IFIC		· ·			
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
AL	19a. DATE OF OPERATION   19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDIC		PLACE OF INJURY (e. g., ir ome, farm, factory, street, office bidg., e		If in Baltimore City, give	exact location)
2	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	COCCUR?	
	22. I hereby certify that I attended		1950 D	ct. 31, 1953t	hat I last saw the
	deceased alive on 3/, 195		red at A. m., from t	<del></del>	date stated above.
	It arold a. M.	M.D.	8100 Hay in	dnd.	11/1/5-2
TI	4A BURIAL, CREMA- QN, BEMOVAL (Specify)	24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTOR	14410 A	DORESS
L	OCAL REGISTRAR Huntington	Milliaus M.J.	T. J. Kuck	53051	HAR TORD
T	VS 150	11,0	10100	5 1	
		06/0			

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2	1	0	04	12	
BI	RTH	N	0.		

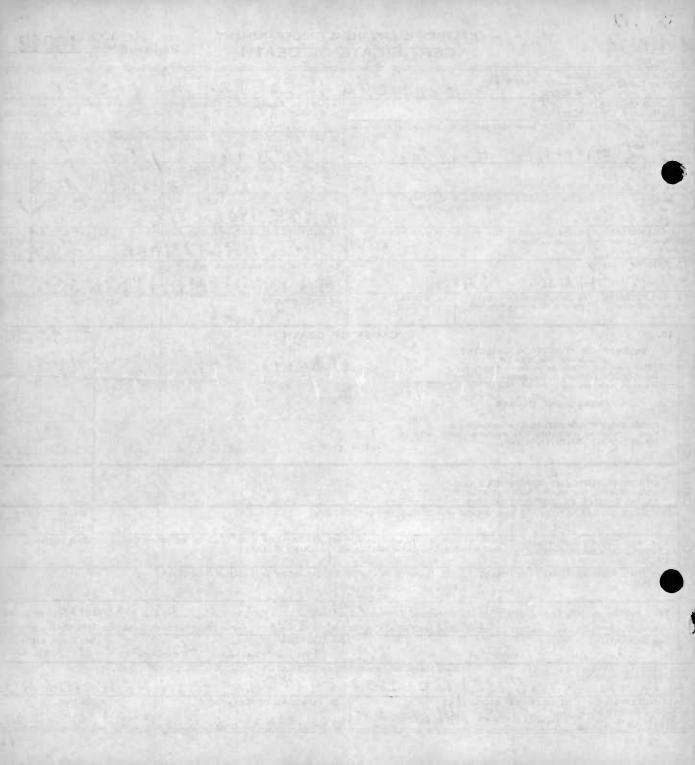
#### CERTIFICATE OF DEATH

Registered 52 10042

BI	IRTH NO.			CERTIFIC	ATE	OF DEATH	Registered No.	TUSAS
1.	NAME OF D	ECEASED	ete.	Henric	Ha	H. LOETZ.	2. DATE OF DEATH //- 2	-52
	PLACE OF D Baltimore (	EATH: City, Maryland		J 9 13 17 7 3		4. USUAL RESIDENCE (WEA. STATE		titution: residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit.	al or institut	ion, give street addr loca	ess or	c. CITY OR TOWN (If o	utside corporato li Aits, v	with R Her and wife
IV	ISTITUTION	University	Ho	spital		Baltimore	19-	township)
1 C	Length of s	tay in Baltimore			Yrs. Mos. Days	1633 F	eral, give Heation),	Ave
	SEX	6. COLOR OR RACE	7. SINGLE	ARRIED.)		8. DATE OF BIRTH	9. AGE (In years   If Uni	der 1 Year   If Under 24 Hours
	F	W		ED, DI VORCED (S	opecity)	DCT. 25., 1906	46	ns Days Hours Min.
1C worl	k done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS O	STRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13	Seam S. FATHER'S N			Chathan		14. MOTHER'S MAIDEN NAI	TIMORE	U.S.A.
	MI	CHAEL	HA	UK	1(4)	HANNAH	M. ATKI	NSON
15 (Ye	. WAS DECEASE	D EVER IN U, S. ARMED	FORCES?	16. SOCIAL SECURITY I	NO.	17. INFORMANT	ADE	RESS
_			-			Patient		
	18. 260			CAU	SE O	F DEATH		ONSET AND DEATH
	DISEAS	LEADING TO DEAT not mean the mode of	DIRECTLY		CIF	thosis or	+ liver	14006 ?
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease	е,	<u> </u>		, , , , , , , , , , , , , , , , , , , ,	7
		ANTECEDENT CAUS	ES					
Z	DISEASES	OR CONDITIONS, II	F ANY. GIVIN	(8)	******			
ATIC	RISE TO T	HE ABOVE CAUSE (A)	STATING TH		101	betes mei	litus	
FIC.				(C)			1.1.4.3	
CERTIFICATION		II IGNIFICANT CONDI						
CE	TO THE D	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING I	г	•••••			
AL	19A. DATE C	of OPERATION 0 1	98. MAJOR	FINDINGS OF	OPERA	TION		20. AUTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY arm, factory, street, office			in Baltimore City, give	e exact location)
Σ	D. TIME	(Month) (Day) (Year)		21E. INJURY OCC		21F. HOW DID INJURY	OCCUR?	
			m.		WHILE			
,	22. I hereb	y certify that I att	ended the	deceased from_	10-	1952, to		that I last saw the
(	deceased at	live on $H-Z$	<u>, 19 &gt; &lt; , </u>	and that death	occurr 1 23	ed at 3 - Am., from the	e causes and on the	date stated above.
	20.	L. Her	mes	м. і	D.	University	Hoop.	11-2-52
	AA. BURIAL. (S	PEREMA- 248. DATE	1000	24c. NAME OF CE	METER	PANY CON	CATION (Ofty, town, or	county) (State)
E	BURIA ATE RECEIVE	L NOV. 3	1952	LOUD	NC	THKK CEM, 38	OIFREDE	RICK AVA
L	ATE RECEIVE		ston /	Eliaus, M	P	5. FUNERAL DIRECTOR	159015	CONKLIN

690 46

VS 150



52 10043 BIRTH NO.

2 1004 BIRTH NO.	3			E OF DEAT		Registere	52 d No	10043
1. NAME OF D (Type or Print)	DECEASED	Loretta	a C <b>ecelia</b> Bar	rett		2. DATE OF DEATH	Nov. 1	, 1952
	City, Maryland		on, give street address	4. USUAL RESID	ENCE (Whe			n : residence fore admission)
B. FULL NAME HOSPITAL OR INSTITUTION	Union Memo			c. CITY OR TOWN	0	tside corporate/H	mits, write R	URAD and give township)
			Life Yrs.	D. STREET ADDRI	ESS (If ru	ral, give location)		
c. Length of s	stay in Baltimore		Mos Day		nan Par	kwav		
5. SEX	6. COLOR OR RACE		, MARRIED,	8. DATE OF BIRTH		AGE (In years	If Under 1 Year	li Under 24 Hours
Female	White		ED, DIVORCED (Specif	April 1/,		50		Hours Min.
10A. USUAL OC ork done during most	CCUPATION (Give kind of of working life, even if retired) At Home	IOB. KIND	OF BUSINESS OR INDUSTR	Paltin	State or fore			ZEN OF AT COUNTRY!
13. FATHER'S I	John Mc N	Teill		Mary A.		E		
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Edward C. I	Barrett	2912 Wyma	ADDRESS an Park	way
Disease Rise to to UNDERL'	s not mean the mode of the asthenia, etc. It mean complication which of anticological complication which of anticological complication conditions, in the above cause (A) YING CONDITION LA	ns the disease aused death. SES F ANY, GIVIN STATING TH ST.	(B)		Pell	and a second	- 10	2 gran
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D r		*********	••••••••••		•••••
19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OP	RATION			20.	AUTOPSY?
<b>4</b>							YES	
LYING OF	DENT WAS UNDER R CONTRIBUTING DEATH	about home, f	CE OF INJURY (e. g. arm,factory,street,office bld	, in or 21c. WHERE I	IR?	in Baltimore Cit	y, give exact	: location)
D. TIME	(Month) (Day) (Year)		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	YRULNI (	OCCUR?		
	by certify that I att		deceased fromand that death occ	urred at 5 pm.		causes and or		
23A. SIGNA	TURE	R		238. ADDRESS	ilet	Has		ATE SIGNED
24A. BURIAL.	Specify)			ERY OR CREMATORY		ATION (City, to		(State)
Burial DATE RECEIVE	11/4/52 D BY   REGISTRAR	-	Cathedral		RECTOR	timore, Ma	aryland	99
LOCAL REGIST	1952 Tuntin	glow	Miliaus My	Hy Illean	Son	1 805 m	Calue	TOX

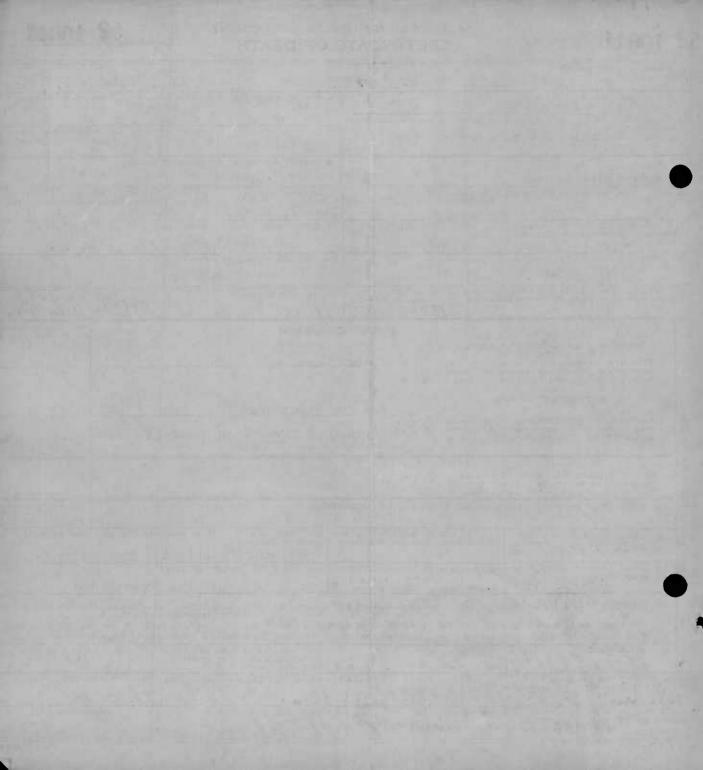
2 10044 BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10044

BIRTH NO.	CERTIFICAT	E OF DEATH	
1. NAME OF DECEASED (Type or Print)	ALTER B. SE	HER 2. DATE OF DEATH NOVEM	ber 2, 1952
a. Baltimore City, Maryland  B. FULL NAME OF If not in hospit HOSPITAL OR	location	4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside reporate limits,	before admission
INSTITUTION South Baltimo	re General Hospital	Baltimore  D. STREET ADDRESS (If rural, give location)	township
Length of stay in Baltimore	6 Mis.	333 S. Stricker Street	
5. SEX 6. COLOR OF RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	June 2, 1926 last birthday) Mon	Inder 1 Year     H Under 24 Hours ths Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Printer	108. KIND OF BUSINESS OR INDUSTRY Printer	Camden, New Jersey	12. CITIZEN OF WHAT COUNTRY
Philip Seher		14. MOTHER'S MAIDEN NAME Lillian Pfleiderer	
15. WAS DECEASED EVER IN U. S. ARMEI Yes, no or unknown) (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	1/4/1 - //	Thile Pa.
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which of the complex of t	DIRECTLY TH of dying, e. g., ins the disease, caused death.)  SES  (B) MASSI  FANY, GIVING STATING THE  DUE TO RUDTU:	of DEATH  d Chest  ve Hemothorax  re of liver with Hemoperitoneural Hemorrhage	INTERVAL BETWEEL ONSET AND DEATH
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED CAUSING IT		
19A. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OF OCUTRIBUTION OF DEATH.  21D. TIME (Month) (Day) (Year)  21D. TIME (Month) (Day) (Year)		3800 block Washington Expre	essway
22. I certify that I took char the evidence obtained by	ge of the remains described a said Autopsy, Inspection or I resulted from: natural causes		thereon and from day stated above determined □.
244. BURIAL (CREMA- TION RENOVAL (Specify)	152 Forrest Hil	RY OBGREMATORY 245- OFATION (City-town, o	r county) (State)

N8



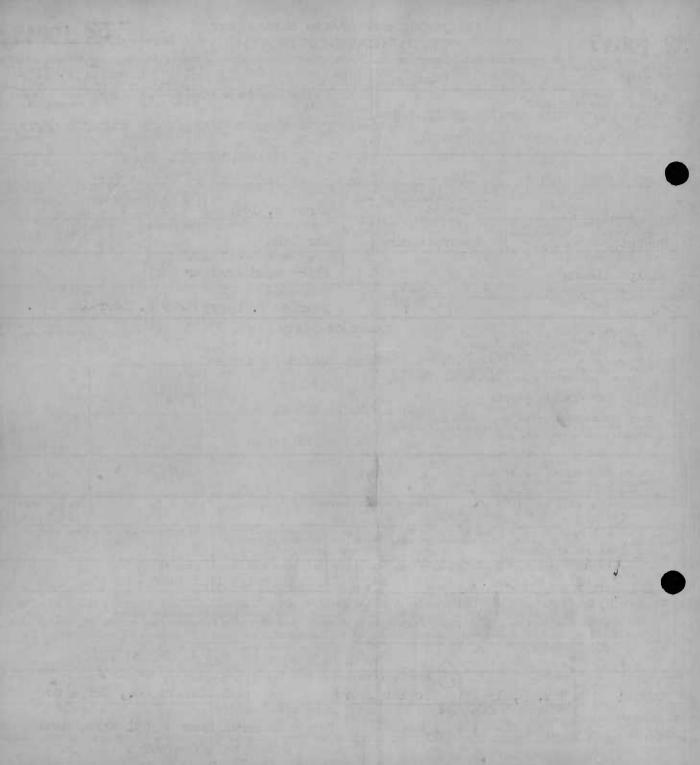
510045

I. NAME OF DECEASED

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 10045

	NAME OF D		ICE	Maud	HENR	Y		2. DATE OF DEATH	Novembe	er 2,	1952
	PLACE OF E	City, Maryland				4. USUAL RESIDE		nere deceased B. COL			residence e admission
H	FULL NAME DSPITAL OR STITUTION	OF "I not in hospit Union Memoria			address or location)	Maryland c. city or town Baltimon	(If c	outside corpo	ate mits	VILLERUR	AL and give township
	ength of s	tay in Baltimore	Lif	îe .	Yrs. Mos. Days	D. STREET ADDRE		ural, give foc Avenue	ation) (West)	)	
	Female	White	Mari	E. MARRIED, VED, DIVORCE Cied	ED (Specify)	March 8, 18		9. AGE (In last birth	years If Und day) Month	ler 1 Year ns Days H	If Under 24 Gours Hours Min.
work	Operator	CUPATION (Give kind of of working life, even if retired) r Novelty		of Busine afacturin	NDUSTRY	11. BIRTHPLACE (S	State or for	eign country	) 12	WHAT	N OF COUNTRY
	Adolph	Siemon	100			14. MOTHER'S MA					
15 (Yes	. WAS DECEAS , no or unknown) No	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURI	TY NO.	17. INFORMANT Maurice P.	Henry	209 W	. Lorra	RESS aine A	lve.
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	FH of dying, e. f dying, e. f dying, e. f disease f any, GIVII STATING TI ST.	S., (A)	Intrace Skull 1 Subdur	or DEATH  Prebral Hemo  Practure  al Hemorrhag  Lon of Brain	<u>'e</u>			ONSET	AND DEATH
CE	TRIBUTING TO THE D	TO THE DEATH, BUT	CAUSING I	ED	OF OPERA	ATION	· · · · · · · · · · · · · · · · · · ·			20. AL	TOPSY?
MEDICAL	UNDERLYIN UTING A C	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH (Month) (Day) (Year) 11/2/52 10:20	about home,	ACE OF INJUITING INTERPRETATION OF THE ATTERPRETATION OF THE ATTERPRETATION OF THE ACT O	t, office bldg., et	4900 bloc 21F. HOW DID	k York	OCCUR?		exact loc	NO L
	the even and de	fy that I took char idence obtained by ath in my opinion TURE	ge of the	remains des	seribed a	bove, held an	Autopsy, In said dec suieide [	nspection or ceased died	Inquiry d on the de le la und	day stat	$ed \square$ .
24	A. BURIAL. (S	CREMA- 24B. DATE	COUX	24¢. NAME OF		D. MEDICAL INVE	ESTIGATO	CATION (Ci	0  /	2/24	(State)
	Burial	Nov. 5,	1952	-	r Grove			imore (			d
	TE RECEIVE		S SIGNATI	biacus-, 1	W.F.	Burgee Fune	ral He	ome 30	631 Fal	ls Ro	ad
٧	S 151	\$13.2	13 4	5 69	2003	Z Horace	,4.1	Durge	e	1	



K-300 52 10046 BALTIMORE CITY HEALTH DEPARTMENT 52 10046 CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos.

(A)

before admission) (If outside corporate limits, write RURAL and give c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. A SE (In years last birthday) It Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) Months Days Hours Min. manne 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND OEATH

heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\overline{\mathbf{u}}$ 

19A. DATE OF OPERATION 2 OPERATION 20. AUTOPS 198, MAJOR FINDINGS OF (I) in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.)

LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK

10-6 1952 to 11-3 \_, 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_ 1952, and that death occurred at 345 m., from the causes and on the date stated above. deceased alive on 11-2 23A. SIGNATURE 238. ADDRESS 23C. DATE SIGNED HOPKINS HOSPITAL

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 1550 NV1226 LADGEMETERY ANDER TOSONS INC. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ALLIMORE

24c. NAME OF CEMETERY OR CREMATORY

VS 150

EDICA

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

24B, DATE

24D. LOCATION (City, town, or county)

(State)

End Statement Bridge State O Later William A property of with the second of the second 

52 400AT

	52 100	147	BAI	CERTIFICATI	ALTH DEPARTMENT	Registered 1	No.
_	IRTH NO.			CERTII ICATI	2 OF BEATTI		
	NAME OF DI	Don th 7	1.512			2. DATE OF DEATH /1-	3-52
	PLACE OF DE	EATH: City, Maryland	OTITIO	LW)	4. USUAL RESIDENCE (W		institution: residence before admission
В.	FULL NAME OSPITAL OR		al or institut	ion, give street address or location)	Marylane	/	s, write TouRAL and give
1	-4	JocTors	P	-ospital	Baltimo	ne 16	2 - 0 2 township
				Yrs. Mos.	D. STREET ADDRESS (If	jural, give location)	
		tay in Baltimore		Days	94/ Web	o Court	
5.	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	onths Days Hours Min.
1 C	chauff	CUPATION (Give kind of fworking life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S		- deliver	- CAPC	14. MOTHER'S MAIDEN NA	AME O	
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or dete	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Wm. N. Smith.	Λ .	DDRESS
RTIFICATION	(This does heart failur injury or DISEASES RISE TO THE UNDERLY	LEADING TO DEA' not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IN HE ABOVE CAUSE (A) 'ING CONDITION LA	FH f dying, e. ; ns the disease saused death SES F ANY, GIVIN STATING TI	(B) (C)	ronan occle		ONSET AND DEATH
CE	TRIBUTING TO THE DI	TO THE DEATH, BUT	NOT RELATI	ED	ATION		20. AUTOPSY?
CAL		- 0					YES NO
IEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL	ACE OF INJURY (e. g., i. farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
2	ID. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
1	INSORT		m.	WHILE AT NOT WHILE			
	22. I hereby	y certify that I att	ended the	deceased from 10	18 ,195, to	11-3,195	Athat I last saw th
		ive on 11-3	_, 1952,	and that death occur	red at 6 7 m., from th	he causes and on t	he date stated above
	23. SIGNAT	Homs	tein	) M. D.	204 E. Bid	dlest	11/3/5°
2	4A. BURIAL, C	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town	, or county) (State)

TION, REMOVAL (Specify) Holy Redeemer Bay

DATE RECEIVED BY LOCAL REGISTRAR 1052

VS 150

ENERGIC PROPERTY OF THE PER

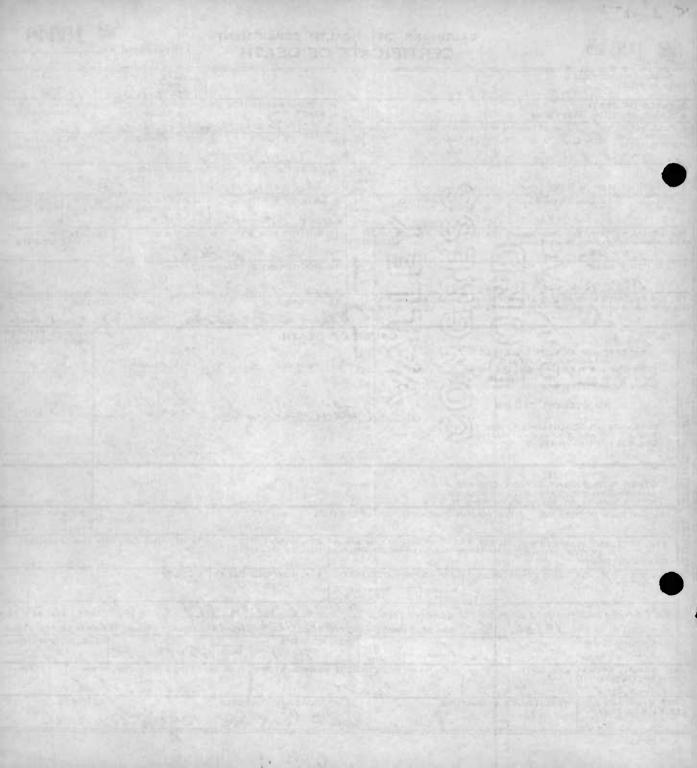
5 2 3
52 10048 BIRTH NO.
1. NAME OF DECEAS
Baltimore City

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

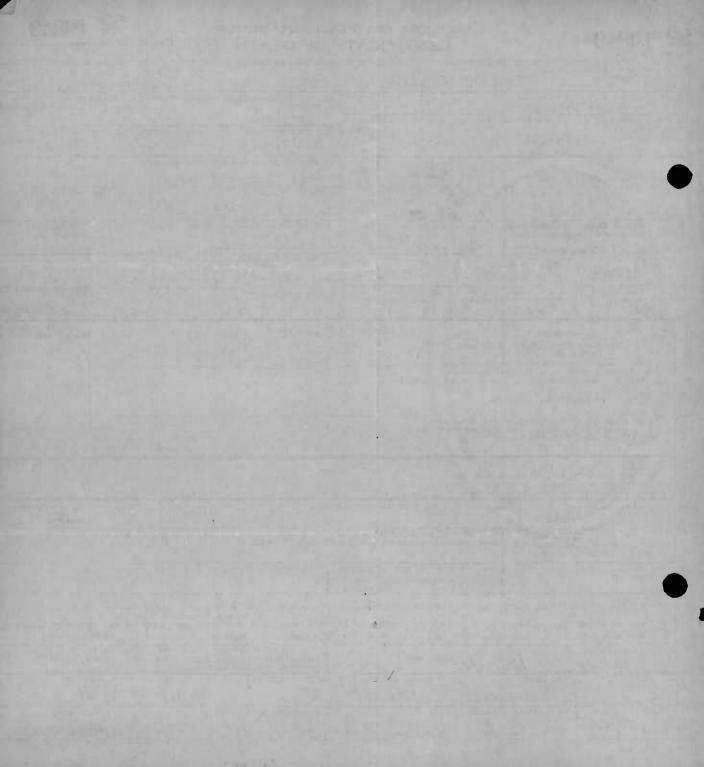
Registered No

1.	NAME OF DECEASED	2. DATE
(7	Type or Print) Benson, Lena	DEATH NOU. 1,1952
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE COUNTY before admission
_	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	
H	IOSPITAL OR Doctors Hospital location	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv
11	2724 N. Chas. St. = 18	Baltimore 8-0 etgynship
	Yrs.	D. STREET ADDRESS (If rural, give location)
C.	Length of stay in Baltimore dife 75 Days	Maryland #13
_	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours
	7- White Widowed (Specify	June 30 1872 last birthday) Months Days Hours Min.
10	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
vor	rk done during most of working life even if retired) INDUSTRY	Balt WHAT COUNTRY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	m. L. 00 . H	m.
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	mary
(Ye	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT/ ADDRESS
		Glas, E. BENSON 411 Hopkins Rd.
	18. 420.0 I CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11 11 2
	(This does not mean the mode of dying, e.g., (A)	Navy insufficiency 3xx5
	heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	1.111.
Z	1/10	terroclisation Kent discuse 3 x xs
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
A	UNDERLYING CONDITION LAST.	
2	(C)	
Ë	II Control of the second secon	
ER		
$\overline{0}$	TO THE DISEASE OR CONDITION CAUSING IT.	DAMION AUTOROXA
Ļ	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	
CAL	214 ACCIDENT WAS LINDER   218. PLACE OF INJURY (e.g.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
ā	LYING OR CONTRIBUTING   about bome, farm, factory, street, office bldg.	
Σ	CAUSE OF DEATH	RED 21F. HOW DID INJURY OCCUR?
	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	
	m. WHILE AT NOT WHILE MY WORK AT WORK	
	22. I hereby certify that I attended the deceased from	7/15/, 1950, to 1/1/, 195, that I last saw th
	deccased alive on 10/30/, 195 and that death occu	1 11:400
		23B. ADDRESS 23C. DATE SIGNED
	mari medre M.D.	1737 E. North Ave 11/1/52
2	24A, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETI	ERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
1.0	Burial 14/52 San	eto Balto. Md
	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
L	OCAL REGISTRAR	Store Cook Suc 1217 St. Tand J.
=	VS 150	

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52 10049 BIRTH NO.		EALTH DEPARTMEN E OF DEATH	Registered No	10049	
	Leander	AMMER	2. DATE OF DEATH NOVEMB	er 2, 1952	
a. Baltimore City, Maryland		A. STATE	(Where deceased lived. If in B. COUNTY	stitution : residence before admission	
B. FULL NAME OF "If not in hospital or institu HOSPITAL OR INSTITUTION University Hospital	location)		(If outside corporate limits,	write RURAL and give	
Length of stay in Baltimore	le Yrs. Mos. Days	D. STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If He last birthday) Mont	der l Year H Unde: 24 Hours hs Days Hours Min.	
Tetered Machines Machines Mach	O OF BUSINESS OR SINDUSTRY	11. BIRTHPLACE (State of	r foreign country) 1	2. CITIZEN OF WHAT COUNTRY	
Henry aumer		annie M.	Schleigh	i	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-18-4587	17. INFORMANT	mer & 603a	llendsle &	
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deatl  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	g., (A) Lobar F	of DEATH		ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS CO- TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED				
19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, UTING CAUSE OF DEATH.	ACE OF INJURY (e. g., infarm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, giv		
Z 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR. WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	JRY OCCUR?		
22. I certify that I took charge of the the evidence obtained by said Auto	22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes A, accident A, suicide A, homicide A, undetermined A.				
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)  DAVID S. 1952	NAME OF CEMETE LOUDENT	.D. ASSISTANT MEDICA .D. MEDICAL INVESTIG RY OR CREMATORY 240		(3/52 county) (State)	
DATE RECEIVED BY REGISTRAR'S SIGNATULE LOCAL REGISTRAN		25. FUNERAL DIRECTOR	5311 Edus	udson ave	
V S 151	544	320 00		2	



2 4 0 52 10050	BALTIM CE
1. NAME OF DECEASED (Type or Print)	hucy &
3. PLACE OF DEATH:  A. Baltimore City, Mar	yland
B. FULL NAME OF (If III	not to hospital or institution, g

# ORE CITY HEALTH DEPARTMENT

52 40050

ВІ	RTH NO.			CERTIFICATI	OF DEATH	- Registered N	<u> </u>
1. (T	NAME OF DE	ECEASED LY	5 Y	SHEG	AL	2. DATE OF DEATH	ター グレ
	PLACE OF DE Baltimore C	EATH: lity, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, If B. COUNTY	institution : residence before admission)
H	DSPITAL OR	2 /2 -	al or instituti	on, give street address or location)	c. CITY OR/TOWN	(If outside corporate limits	s, write RURAL and give township)
1	0 00	70 00 00	11/	Yrs.	- ·	SS (If rural, give location)	10
-		tay in Baltimore	17	Dr 1/8		varman (ll	Under 1 Year   If Under 24 Hours
Ž	emale	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	nths Days Hours Min.
		CUPATION (Give kind of f working life even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S New Yor	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME /			14. MOTHER & MAI	IDEN NAME	
16	Jan	uel Veer	tt		nume		
Ya	, no or unknown)	D EVER IN U. S. ARMEI (If you, give war or date	of service)	16. SOCIAL SECURITY NO.	Growing Il	egal - far	DDRESS
-ICA IION	(This does heart failur injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS G OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	ITH If dying, e. g ns the disease aused death. SES FANY, GIVIN STATING TH	(A) Can	OF DEATH  Unoma	of brears	ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	0			
AL	19A. DATE O	F OPERATION		FINDINGS OF OPER	ATION bu	cars	20. AUTOPSY?
EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  FINJURY WHILE AT NOT WHILE						
			ended the	and that death occur	22, 195 red at \$ /4 m., 138. ADDRESS 3003 &	to 11-3, 195 from the causes and on the Shul	that I last saw the the date stated above 23c. DATE SIGNED 11-3-5-2
TIC	4A. BURIAL, CON, PEMOVAL (S	11/4/V		Herring	Run	Bala (City, town,	mol
L	ATE RECEIVE	BAR REGISTRAR		A/II.	25. FUNERAL DIRI	Dw - 2100 E	ADDRESS.

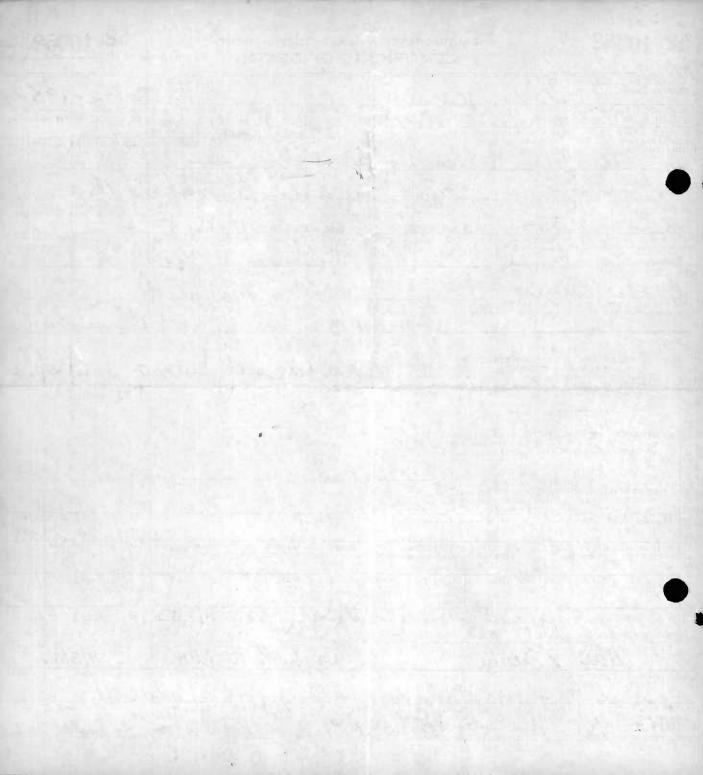
VS 150

Joe Horner

52 10051 BALTIMORE CITY HEALTH DEPARTMENT 52 10051 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CLTY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION wwo o Yrs. STREET ADDRESS (If rural, give location) ength of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ruse wil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0972. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 442X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST! (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 10 - 20 -3 - , 1932 that I last saw the deceased alive on 11-2 19 5 2 and that death occurred at ffm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED - 8 - 8 24A) BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Junal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR VS 150

Just on 70

650		
52 10052	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 10052 Registered No.
1. NAME OF DECEASED		2. DATE
(Type or Print)	Varney	OF DEATH NOV 2 - 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (WH	erc deceased lived. If institution: residence B. COUNTY before admission)
	r institution, give street address or Maryland	While company limits with DEED AT
INSTITUTION OLD OCA 1	Tursing Dane Baltimal	utside corporate limits, write RURAL and give township)
wine etgas !	Yrs. D. STREET ADDRESS (If ru	ural, rive location)
c. Length of stay in Baltimore	35-yrs = 2112 Bro	oppeld line
5. SEX 6.COLOR OR RACE 7	SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORGED (Specify)	9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 1)	ob, KIND OF BUSINESS OR (11. BIRTHPLACE (State or for	eigh country)   12. CITIZEN OF
vork done during most of working life, even if retired)	INDUSTRY W. O.	1/a
13. FATHER'S NAME	Gent 1 W 14. MOTHER'S MAIDEN NAI	ME /
Wade Varney	Mollie May	maro
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dies of	ORCES? 16. SOCIAL SECURITY NO.	ADDRES9
18. 162 X	CAUSE OF DEATH	2112 Droppilla Uno
DISEASE OR CONDITION DI	A . U X	ONSET AND DEATH
(This does not mean the mode of	lying, e.g., (A) Carenama of	Lung 2/20/52
heart failure, asthenia, etc. It means injury or complication which cau		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST		
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST		
	(C)	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE GEATH, BUT NO		
U TO THE DISEASE OR CONDITION C		20. AUTOPSY?
AL ON THE STATE OF	. Indoor Title Indo	YES NO
	21B. PLACE OF INJURY (e. g., in or bout home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?	in Baltimore City, give exact location)
YID. TIME (Month) (Day) (Year) (H	(our)   21E. INJURY OCCURRED 21F, HOW DID INJURY	OCCUR?
FINJURY (Month) (Day) (Tear) (III	WHILE AT NOT WHILE	CCCCN
22. I hereby certify that I atten	0 24	1252, 19_, that I last saw the
deceased alive on Oct.	19 2. and that death occurred at 2:30 Pm., from the	
23A. SIGNATURE	m. d. 15016. Milton	We 11/3/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c, NAME OF CEMETERY OR CREMATORY 24D. LO S2 Holy Redeemer Constey 4430	CATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S	SIGNATURE 25. FUNERAL DIRECTOR	712-14 ADDRESS
11014- 1457 Thurth	inglow Vithaus Mosagle Farace	nc. 2. E. North Que
VS 150	F GET OF O	46



	52 100	153	BALTIMORE CITY HE	EALTH DEPARTMENT	Registered No.	10003
=	RTH NO.		OEKTH TOXET	L OI BLAIII		
	NAME OF E	MABEL	B. KISER		2. DATE OF DEATH	152
Α.		City, Maryland		4. USUAL RESIDENCE (V		stitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	tal or institution, give street address or		f outside corporate limits,	write RURAL and give
7	1- ma	ryland	Yrs.	D. STREET ADDRESS (If	rural, give location)	1-4-1
6		stay in Baltimore	Mos. Days		were leve	2 # 7
5.	SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	aug. 9, 1895	9. AGE (In years   If Un last birthday)   Mont	der 1 Year H Under 24 Hours hs Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY Stress Adelman	11 SIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S		Cloak Co.	14. MOTHER'S MAJDEN, N	AME	4.3.
-		Berkemeir	Johan	nna Berke	meer Gran	uling
(Ye	, was deceas , no or nuknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Ray Hill Kise:	r 3605 Bower	S Ave.
	18. 421	11 and 26	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		0		ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,					1-13-
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					10 11/3/52
U	ANTECEDENT CAUSES					0.845.000
Z	(B) Coronaly Casa ficency					1/24/200
ATION	RISE TO	S OR CONDITIONS, I	STATING THE DUE TO	u		7,
CA	UNDERLYING CONDITION LAST.					7
E		П	(c) Carne	ary Uslery Me	ary Islan	
ERTIFIC		SIGNIFICANT COND		Setra Zuellit		
U	TO THE D	DISEASE OR CONDITION		ATION		20. AUTOPSY?
AL	TOM: BATE	O. Elitarion O	TOD. MAJOR TIMBINGS OF OF ER	Anon		YES NO
EDICAL	21A. ACCIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (1	If in Baltimore City, give	
M						
	F INJURY	(Month) (Day) (Year)	) (Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereb	ou certify that I att	tended the deceased from	2 1952 to	11/3 .195 2	that I last saw the
	deceased a	live on 11/3	, 1952, and that death occur	red at 4 2 m., from t	the causes and on the	
1	23A. SIGNA	TURE	Co. 10 14 2	3B. ADORESS		23c. DATE SIGNED
_\	1100	urt M	Killbarall M. D.	Juguran [+	ospital	11/3/52
TIC	N, REMOVAL	Specify)	24c. NAME OF CEMETE		OCATION (City, town, or	county) (State)
-	Buryal	Nov.6,	1952   Woodlawn	25. FUNERAL DIRECTOR	odlawn Md.	DDRESS
LO	CAL REGIST	PRAR Huntin	+ WW. 1150	E LL STEEL STEEL S	L. Quan	Long
			3690248	24600 Liberty	Heights Ave	

THE ATTACKED HE PATH ON STAR COLUMN BY WELL BUT

52 10054  BIRTH NO.  BALTIMORE CITY HE CERTIFICATI	
1. NAME OF DECEASED (Type or Print) CARRIE H. WRICHT	2. DATE OF DEATH NOV. 2, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)  Md.
HOSPITAL OR location) INSTITUTION  4111 Kathland Ave.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore
C. Length of stay in Baltimore  Yrs. Mos. Days  5. SEX 6. COLOR OF RACE 7. SINGLE MARRIED	D. STREET ADDRESS (If rural, give location)
female white WIDOWED (Specify)	Oct. 10, 1877  9. AGE (In years of Under 1 Year lift Under 24 Hours Min.
	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Oscar D. Whitney	14. MOTHER'S MAIDEN NAME Anna Maria Jennings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs.George Trisik - 441 Kathland Ave.
DISEASE OR CONDITION DIRECTLY	or DEATH  Thany Thrombosis  3 days,  Settensine Heart Desire 5 yrs

CERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS MEDICAL 21B. PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK . 19 50 to 1952 that I last saw the 22. I hereby certify that I attended the deceased from La

24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

VS 150

VS 150

M. D.

TOWNER

ADDRESS

A

23B. ADDRESS

deceased alive on\_

1952, and that death occurred at 11.30 Pm., from the causes and on the date stated above.

23c. DATE SIGNED

STATE OF THE STATE OF and a similar to the second of 18.

ERTIFICATION

12. CITIZEN OF

ADDRESS

(If in Baltimore City, give exact location)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

2 10055 BIRTH NO.		BALTIMORE CIT	Registered No.		
. NAME OF DECEASE Type or Print)	Mary	Jane	Morgan	2. DATE OF DEATH Oct. 31.1	
				TYTE 2 1 1 1 1 7 0 1 10 10 10 10	-

3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Balto. City A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 1718 West Fayette Street Baltimore

Yrs. D. STREET ADDRESS (If rural, give location) Mos.

c. Length of stay in Baltimore 70 Yrs Days 8. DATE OF BIRTH

DATE OF BIRTH

9. AGE (In years | H Under 1 Year last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX

Female Widow July.1.1879

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY

Domestic Home Annapolis Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Unkown Sarah

16. SOCIAL

17. INFORMANT

DUE TO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

SECURITY NO.

No Goldie Weston 1718 W. Fayette St

CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CEREBRAL HEMORRHAGE

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm, factory, street, office bldg, etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED 1D. TIME (Month) (Day) (Year) (Hour)

AT WORK

22. I hereby certify that I attended the deceased from 11-30, 1951, to 10-36, 1952, that I last saw the deccased alive on 10-31, 1952, and that death occurred at 11:20 Am., from the eauses and on the date stated above.

24A. BURIAL. CREMA-THON REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE Mt Arburn Cem.

REGISTRAR'S SIGNATURE

1824 10. + ran

23B. ADDRESS

(B)ARTERIOSCIBROTIE CARDIOVASCULAR

21c. WHERE DID

25 FUNERAL DIREMOR

21F. HOW DID INJURY OCCUR?

Baltimore Md.

23c. DATE SIGNED

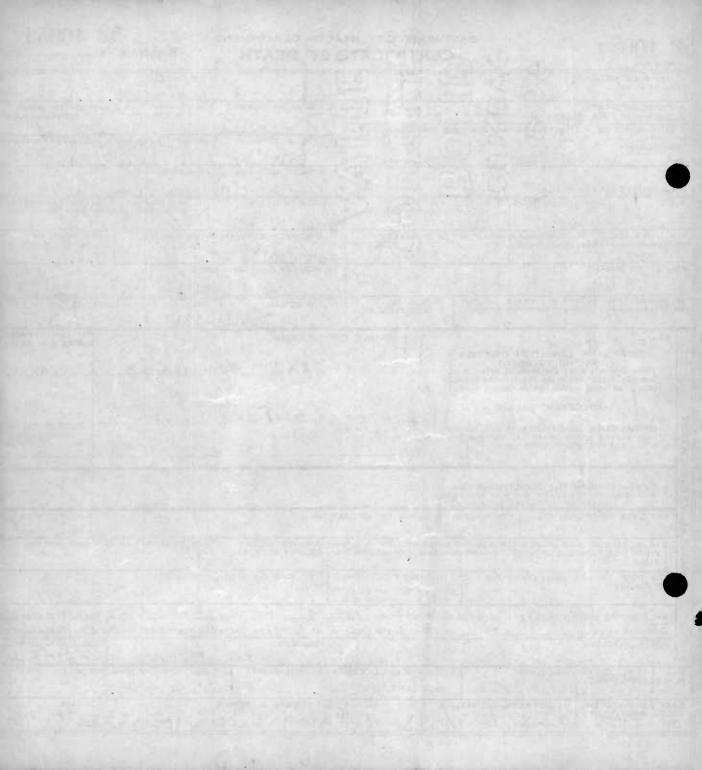
20. AUTOPSY

LOCAL REGISTRAR VS 150

ADDRESS

DATE RECEIVED BY

23A, SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT Registered No\_\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 11/1/1952 Tda. Haves 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Balte. City A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1623 East Madison Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 1623 East Madison Street Life Days 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Jan.2.1909 Female Cel. Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Sallia Md U.S.A. At Heme Demestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Culsum Maggie Henson Herace 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Sarah Tarlton 1622 E. Madison St No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cordin Deemprodur LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WORK AT WORK \_, 1952- to 11/1 31 \_, 192, that I last saw the 22. I hereby certify that I attended the deceased from 10 . 19 6 and that death occurred at/ 2.30 2m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 822N. 11/4/62 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Brooklyn Md. 11/4/1952 Mt Calvery Cem. Burial FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE Man 1000 Buntl LOCAL REGISTRAR

VS 150

TEN LA PORT - SEGR

52 10057 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 10/21/1059

3. PLACE OF DEATH: A. Baltimore City, MarylandBal	te. City	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	l or institution, give street address or location)		limits, write RURAL and gi
130 North Asquit	h Street	Baltimere	- O/
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in year	
Male Cel.	Widowed	6/29/1912 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	In General	Prince Ann Md	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Ned Landford		Louise Lankford	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or nnknown) (If yes, give war or dates	FORCES? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT	ADDRESS
No	SECURITY NO.	Ruth Williams 135 N. A	Asquith St
18. 421.4	CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION D		11 9 11	
(This does not mean the mode of		alula heart lies	race 8 month
heart failure, asthenia, etc. It means injury or complication which ca	s the disease,		,
myany or complication which ca	death.) Boz 10		
ANTECEDENT CAUSE	ES (I)	Munary elema	
DISEASES OR CONDITIONS, IF	ANY, GIVING STATING THE DUE TO		P
UNDERLYING CONDITION LAS			
<u>0</u>	(C)	***************************************	
<u></u>			

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION

20. AUTOPSY 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

NOT WHILE

WORK AT WORK 22. I hereby certify that I attended the deceased from 2 Stefdeceased alive on 10/31/52, 1957, and that death occurred at. 23A. SIGNATURE

m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

that I last saw the

ADDRESS

1952 to 31 Det

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 11/4/1952 Breeklyn Md. Burial Mt Calver Cem. DATE RECEIVED BY NOV 4 - 195

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CERI

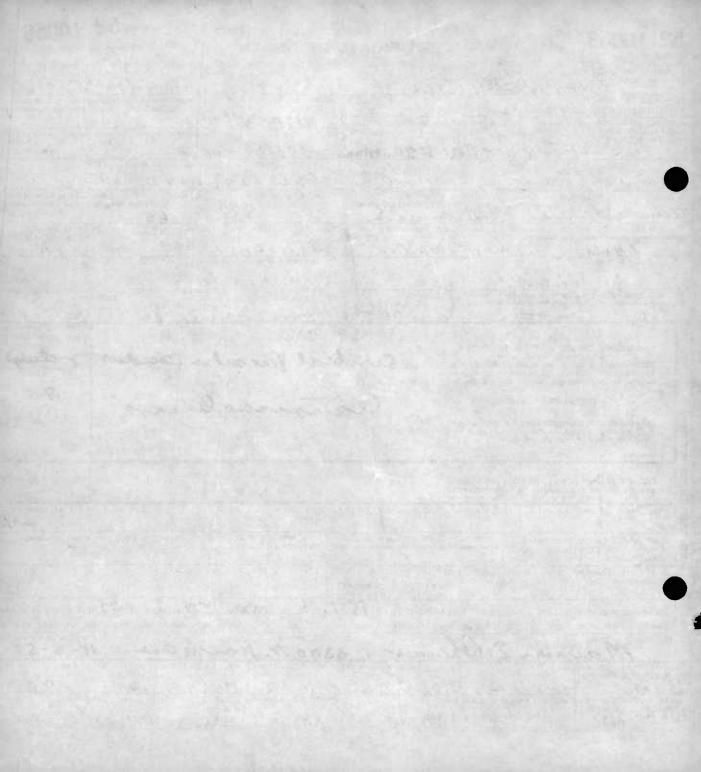
MEDICAL

				52	400000
E.	52 10058	BALTIMORE CITY HE			10058
	BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	
	NAME OF DECEASED	, ,		2. DATE	1
(T	Type or Print) ANNA WAITU	KITIES		OF 11/2/	52
	PLACE OF DEATH:		4. USUAL RESIDENCE (W		
	Baltimore City, Maryland FULL NAME OF (If not in hospital or in	stitution, give street address or	A. STATEMARY LA.	B. COUNTY	before admission
H	IOSPITAL OR	location)	C. CITY OR TOWN (If	outside corporate limits, wr	
	CLIFTON (ON	UALE SCUTITON	BALTIMON	= 22.	township
-		/ Yrs.	D. STREET ADDRESS (If r		
	ength of stay in Baltimore	40 Mos.	656 PORT	LAND ST.	
5.	SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If Under	1 Year   16 Under 24 Hour
7	Tenale White "	IDOWED, DIVORCED (Specify)	1881	last birthday) Months	Days Hours Min
10	OA. USUAL OCCUPATION (Give kind of 10B.	KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	65	CITIZEN OF
OF	rk done during most of working life, even if retired)	INDUSTRY	1-1	iz.	WHAT COUNTRY
12	3. FATHER'S NAME	AT-MAKIER.	FILHOUNIA		U. S.A.
8~	J. PAIRERS NAME	(M/	14. MOTHER'S MAIDEN NA		
	UNKNOWH		UNKNOW	V ·	
15 Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCE, up of unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
	NO	216-01-1573	MARIE (MRIS)	TLE 805MT. 1	Holly ST
	18. 33/X	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIREC				ONSE! AND DEA!
	(This does not mean the mode of dyin	g. e.g., (A) Cere	bial Varsula	- aredur	7-day
	heart failure, asthenia, etc. It means the injury or complication which caused				
			rtiriscl		P
	ANTECEDENT CAUSES	u	rtirescl	erasio	
Š	DISEASES OR CONDITIONS, IF ANY,				
5	RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.	NG THE DUE TO			
Š		(C)			******************************
_	11				
r	OTHER SIGNIFICANT CONDITIONS				Well Marie
H	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS				
1	19A. DATE OF OPERATION D 19B. M.	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
₹					YES NO
2	The state of the s	B. PLACE OF INJURY (e. g., i. home, farm, factory, street, office bldg.,	a or 21c. WHERE DID (If	in Baltimore City, give	exact location)
4	LYING OR CONTRIBUTING About	and the second s	MOOK! OCCOR!		
2	21D. TIME (Month) (Day) (Year) (Hour	)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
1	OF INJURY	WHILE AT NOT WHILE			
		m.   WORK AT WORK	× /	2 202	
	22. I hereby certify that I attended	the deceased from		W. 2, 1952th	
	deceased alive on 11-1-, 19			e causes and on the d	
	Maurice E.		3300 M. Mar		1-3-52
		WEIZAMIAN V N I	77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	W 47	1-3-7

11/5-/52 HOLY REDEEMER BELAIR RD. MD.
REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR

JUNTINGTON VILLAURA ME HARLES W. KACHAUSKNS JOB MCHENRYS).

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-1	020						100
5/s	2 100E	59		TIMORE CITY HE	EALTH DEPARTMENT	52 Registered No.	10059
	NAME OF Divpe or Print)	Lillia	- B	rooks		2. DATE OF DEATH OCK	31.52
	PLACE OF DE Baltimore C	EATH: City, Maryland	0055	Sharp St	4. USUAL RESIDENCE (	Where deceased lived. If ins B. COUNTY	titution : residence before admission)
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street .ddress or location)	c. CITY OR TOWN (1	If outside corporate limits, v	vrite RURAL and give
-	O .			Yrs.	D. STREET ADDRESS (I	f rural, give location)	5-01
		tay in Baltimore		Mos. Days	10055	Sharp 8	heet
5.	Male	6. COLOR DR RACE	7. SINGLE	E, MARRIED, PED, DIVORCED (Specify)	10/15/1892		ler I Year If Under 24 Hours Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	mes B	wok	3	14. MOTHER'S MAIDEN	Thuson	
15 (Yes	was (ECEASE no or naknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Foeth Hill	9095 St	RESS
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which  ANTECEDENT CAUS G OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION L/	TH of dying, e. g ans the discase caused death SES F ANY, GIVIN STATING TH	(B)	DEATH	fu Culturia.	INTERVAL BETWEEN ONSET AND DEATH
CERTIFI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF	NOT RELATE	D	ATION		20, AUTOPSY?
AL	ISA. DATE O	OF ERRATION O	IOB. MADON	THE INCO OF CITE			YES NO
<b>IEDICAL</b>		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, give	c exact location)
	ID. TIME	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	22. I hereb	y certify that I at				Uct. 31, 1957;	that I last saw the
	deceased a		_, 19_3/.	and that death occur	rred at Am. from	the causes and on the	
	23A, SIGNA	IORE	12	M. D.	25 30 - /a.	aux.	23c. DATE SIGNED
710	Burial, S	pecify)	4.52	24c. NAME OF CEMETE	RY DR CREMATORY 24D.	A. Co	county) (State)
	TE RECEIVE	D BY REGISTRAR	s SIGNATU	IRE	25. FUNERAL DIRECTOR	noun In	DDRESS
	VS 150	(		5 2 0	108m m	rity omeny	81

CERTIFICATE CORRECTED\_ 52 10060 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE George Howell Benson DEATH November 2, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5322 Maple Ave. Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mas. Length of stay in Baltimore 5322 Maple Ave. XXXX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male Married April 9, 1879 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country,) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Fixton Md. Wilmington, Del 14. MOTHER'S MAIDEN NAME Retired Shopman-Tinsmith Pa R.R. Samuel Benson Rebecca Manuel 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) SOCIAL 17. INFORMANT SECURITY NO. No Mrs.Portia F. Benson, 5322 Maple Ave. -01 - 32018. 4434 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pertunia a.S. CV. percone LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factor y, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 22. I hereby certify that I attended the deceased from\_\_\_\_\_ 11/2 . 1952 that I last saw the . 1950 to\_ deceased alive on 1112 . 195 and that death occurred at 3.15 Pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c, DATE SIGNED 5721 Park Heights Ave. 24A. BURIAL, CREMA-24c. NAME of CEMETERY OR CREMATORY | 24g. DOCATION (City, town, or county) 24B. DATE Burial Nov. 6.1952 Mount Salem Cemetery Wilmington, Del. DATE RECEIVED BY UNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

Jet por abid the server 

BALTIMORE CITY HEALTH DEPARTMENT

	RTH NO.	tail.			CER	TIFICAT	E OF DEATH	Regis	tered No.	
1. (T	NAME OF D	ECEASED	Will:	iam H.	L.	Diehl		2. DATE OF DEATH	Nov.	1,1952
Α.	PLACE OF D Baltimore (	City, Mary					4. USUAL RESIDENCE (V		lived, If inst	
H	FULL NAME OSPITAL OR ISTITUTION			ont St		street address or location)	Batimore	/1	2 - 0	rite RURAL and giv township
c.	Length of s	tay in Bal	timore			Mos. Days	D. STREET ADDRESS (If		ation)	
	sex Male	Whit		7. SINGLE WIDOW Marr	ED, DIV		B. DATE OF BIRTH Dec.24,1871	9. AGE (In	day) Month	er i Yaar   It Under 24 Hours S Days Hours Min.
or	doneduring most	looming life, or	(Give kind of en if retired)	10в. KIND Bal	to.	City	11. BIRTHPLACE (State or f	oreign country	)   12	CITIZEN OF WHAT COUNTRY
13		iam G.		2]			14. MOTHER'S MAIDEN N Mary Labah			
15 Ye	WAS DECEAS s, no or unknown)				16. SC	CURITY NO.	17. INFORMANT	111	ADD	RESS
	10						Mrs.Mamie Dieh	1 1602	Ellam	ont St.,
FICALION	(This does heart failu injury or DISEASE: RISE TO T	SE OR CON LEADING not mean t re, asthenia, complication ANTECEDE S OR COND HE ABOVE C YING COND	TO DEAT he mode of etc. It mear which cr NT CAUS ITIONS, IF AUSE (A)	H T dying, e. g as the disease aused death.  ES ANY, GIVIN STATING TH	G 6	(A) LOL E TO (B) Ser (C)	refraction recolds	lei	kogl s	3 years
נוצו	TRIBUTING	GIGNIFICAN TO THE DE	ATH, BUT I	NOT RELATE	D					
LAN	21A. ACCIE	DENT WAS	JNDER-	218. PLA	CE OF	NGS OF OPER	n or 21c. WHERE DID (	If in Baltimor	e City, give	20, AUTOPSY? YES NO Per exact location)
MEL	D. TIME	R CONTRIB DEATH (Month) (D	/			JURY OCCURR		Y OCCUR?		
•	INJURY		V	m.	WORK	NOT WHILE				
		live on D				at death occu	gred at 201 m., from t		nd on the	
	234. \$1GN	eees	Ch	æfau	ed	м. D.	12/9 Dags C	en Gu	300	23c. DATE SIGNED
ΤŅ	4A. BURIAL, ON REMOVAL (S Burial	Specify)	-4-19			Me of CEMETE	(/	ocation (Ci		Md.

REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR G. Howard Strong 3207 W. North Ave., VS 150

129991

ADDRESS

1719 Poplar Grove 9-10

gn.	5	20								
	52 RTH 1	10(	362	В	CERTIFICAT		4	Registered	No	962
		F OF E	ECEASED Louis	L. Lor	ng		311316	2. DATE OF DEATH NOV	3. 1	952
		E OF E	City, Maryland	Bal	Lto.	A. STATE		here deceased lived, I	f institution	
H	DSPIT.	NAME AL OR ITION			ution, give street address location	) I   I		outside corporate lim	its, write RU	
	3		South Bal	to. Ge	eneral Hosp.		timore	Gh 6-1 "	0 -5	township)
		th of s	stay in Baltimore			יא קיוון	illiam	ural, give location)		
	sex ma]		white	WIDG	LE, MARRIED, WED DIVORCED (Specif	8. DATE OF B		9. AGE (In years last birthday) M	If Under 1 Year Ionths Dnys	If Under 24 Hours Hours Min.
POT	done du	iring most	CUPATION (Give kind of working life, even if retir	lof IOB, KIN	ND OF BUSINESS OR INDUSTR	11. BIRTHPLA	CE (State or for	reign country)	12. CITIZ WHA	EN OF
		nt M		Ando	orfer Long C		to. MD.		U.	S.A.
							MAIDEN NA			
15	. WAS	DECEAS	iam Long	IED FORCES?	16. SOCIAL	Annie	E Ludwis			
(Ye	, no or	anknown) 708	World War	ates of service)	SECURITY NO.	Mrs. Jes			lash.	to 7 7
NO	in	his does art failt jury or	SE OR CONDITION LEADING TO DE s not mean the mode ure, asthenia, etc. It m complication which ANTECEDENT CA	ATH of dying, eleans the dise caused dea	Y . g., (A)ase, (B)	angin.	n Peu	tons		AL BETWEEN AND DEATH
RTIFICATION	RI	SE TO T	HE ABOVE CAUSE ()	A) STATING	(C)	••••••				••••••
CERTIF	TF	RIBUTING	II SIGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITI	T NOT RELA	TED					
			OF OPERATION D		R FINDINGS OF OPE	RATION			20. YES	AUTOPSY?
MEDICAL	LYII	VG O	ENT WAS UNDER R CONTRIBUTING DEATH	21B. P	LACE OF INJURY (e. g. e, farm, factory, street, office bldg	in or 21C. WHEI		in Baltimore City,	give exact	location)
4	ID.	TIME NJURY	(Month) (Day) (Yes	ar) (Hour) m.	WHILE AT NOT WHILE WORK AT WORK	E	DID INJURY	OCCUR?		
	dece	ased a	live on or		e deceased from	irred at TA		e causes and on		
		SIGNA	VAMM	lito 1	₩. D.	23B. ADDRESS	melia	ww XI	23c. DA	TE SIGNED
710	A. BI	JRIAL, MOVAL (	CREMA- 24B. DATE Specify)		24c. NAME OF CEMET	ERY OR CREMAT	ORY 24D. LC	CATION (City, town	n, or county)	(State)

VS 150

Burial

DATE RECEIVED BY LOCAL REGISTRAR

Nov. 5.1952

KRAUSE FUNERAL HOME 1216S. CharlesSt.

National Frederick Rd. Balto. Md

PATERIAL EXAMINER'S CASE

CHIEF OR ASS'T. MEDICAL EXAMINER

52 10063 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) F. M UE DEATH (1-2-52. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CATOY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION DAIR. (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINCLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months! Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KINO OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME WAS DECEASED EVER IN U. S. AMED FORCES? 16. SOCIAL Yes no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH 18 hea (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING associated usin RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, OATE OF OPERATION 20. AUTOPSY EDICAL none 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF OEATH

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I hereby certify that I attended the deceased from 11-2 . 1952, to 11-2 , 1952 that I last saw the \_\_\_, 1952, and that death occurred at 11:052m., from the causes and on the date stated above, deceased alive on 11-2 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24C NAME OF CEMETERY OR CREMATORY 24A, BURNAL CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county)

VS 150

25 KUNERAL OIRECTOR

OATE RECEIVED BY

ADDRESS

TD1C-16/1606		E OF DEATH Reg	istered No
BIRTH NO.	ERTIFICATE	OF DEATH	3300104 210.
1. NAME OF DECEASED (Type or Print) Lois May Kelm		2. DATE OF DEATH	11-1-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution HOSPITAL OR Baltimore City Hospital OR)		Maryland	
1940 Eastern Ave.		Baltimore	2 4 - 0 4 township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give lo	ocation)
5. SEX 6. COLOR OR RACE 7. SINGLE, WIDOWE Single	D, DIVORCED (Specify)	Feb. 9, 1945  9. AGE (I last bir 7	n years If Under   Year   If Under 24 Hours thday)   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count)  Maryland	ry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	and the same of th
Louis Kelm		Gladys Thomas	L
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H. 4940	ADDRESS ) Eastern Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(A)Tuberc	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 19B. MAJOR	FOF INITIAL (e.g. in		20. AUTOPSY?  YES NO  ore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH

deceased alive on 11-1-

D. TIME (Month) (Day) (Year) (Hour)

about home, farm, factory, street, office bldg., etc.)

Cedat Hill

WORK

21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from 11-1-

\_\_, 1952\_\_, and that death occurred at 7:45 Pm., from the causes and on the date stated above. 23B. ADDRESS

1952, to 11-1-

152, that I last saw the

4940 Eastern Ave. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Baltimore

11-1-52

23c. DATE SIGNED

N	n	V	4	1
	-	_	_	-
77	_			

untinglow

REGISTRAR'S SIGNATURE

11/5/52

25. FUNERAL DIRECTOR James L. McCully - I30 E. Fort Avenue

ADDRESS

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

52	10065

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10055 Registered No. 259 10055

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	Rens   2. DATE OF DEATH //- 3-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	mol
INSTITUTION 1127 11/20118	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
113/Wioayar M	o. STREET ADDRESS (If rural, give location)
Mos.	1137 11-110-
5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9/AGE (In years   If Under 1 Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)	Bec. 19.1900 9 AGE (In years If Under I Year   If Under 24 Hours Min.
10A. USUAL OCCUPATION (Givekindel 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lace Wickens	Lena Harrim
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT M. ADDRESS
(100 and 100 a	Ercelona Nickom 113 Twoodylen A
18. /54 X . CAUSE C	OF DEATH INTERVAL/BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	anoma of ractum Unknown
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO	<b>(</b>
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
<b>4</b>	YES NO L
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 1-	- 2 -, 19 52 to 1/- 3 , 19 52, that I last saw the
deceased alive on 11, 19 54 and that death occurr	
	3B. ADDRESS 23c. DATE SIGNED
M. D.	029 n. Juncker 1/11-4-52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
	upu 1 mga
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DYRECTOR 1363 ADDRESS
10V5-1959 Hutugton Valladier, My	July D. relson bressment
VS 150	4 1/11 50

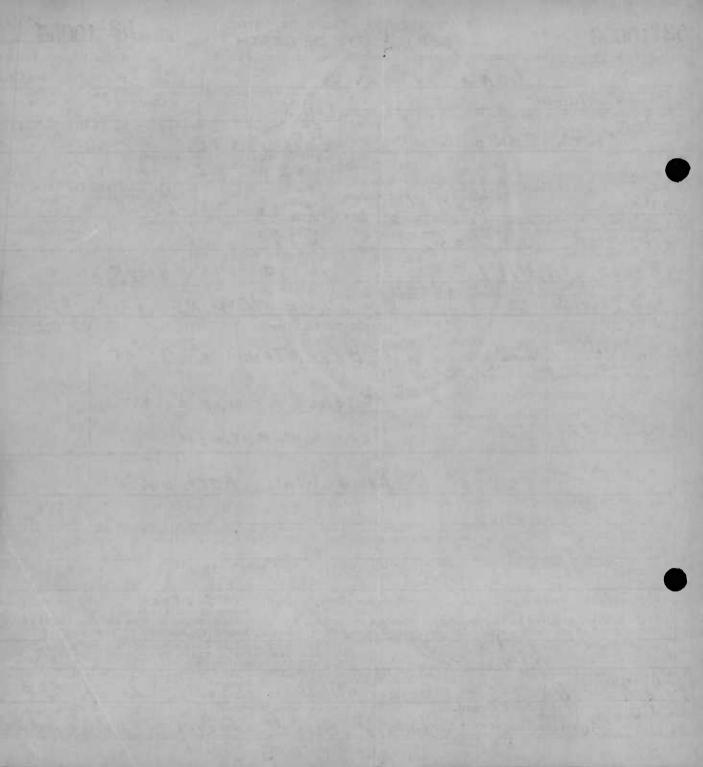
52 10066 BIRTH NO.

I. NAME OF DECEA

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.10036

(Type or Print) Charles DA	niels	2. DATE OF DEATH	NOV. 2, 1452
3. PLACE OF DEATH: A. Baltimore City, Maryland			ved. If institution: residence TY before admission
B. FULL NAME OF f not in hospital or institution, give street a HOSPITAL OR		. ///	
INSTITUTION South BALTO. Gen.	location) of CITY OR TOWN	(If outside corpora)	te limits, write RURAL and give
SOUTH PRIZE GEN.	Yrs. D. STREET ADDR	ESS (If rural, give locate	ion)
Length of stay in Baltimore	Mos. 1632 //	ELderr	y st.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDGWED, DIVORCEL	(Specify) 8. DATE OF BIRT	last birthda	ears if Under 1 Year if Under 24 Hours ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINES.	S OR 11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
	S.C.	- Total of Total of the total o	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MA	AIDEN NAME	,
JACOBS DANIELS	DANIE	MCBRIC	7
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURIT	Y NO. 17. INFORMANT	aut	ADDRESS
MEZ W.W. I	WANIE M	HWAINS 18	21 N. CAROLINE
18. 443× 1 C.	AUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4,000,000	rice Man	-
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease.	nyperien	SIVE HEA	K /
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES	PISEASE	other cond	Times
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.	BRONCHIALA	sthma.	
C TRIBUTING TO THE DEATH, BUT NOT RELATED	Pa	4/	
M TO THE DISEASE OR CONDITION CAUSING IT.	RONCHIAL	ASTHMA	1
19a. DATE OF OPERATION 19B. MAJOR FINDINGS O	F OPERATION		20. AUTOPSY?
V 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJUR	Y (e.g., in or   21c. WHERE D	OID (If in Reltimore	City, give exact location)
UNDERLYING ☐ OR CONTRIB.  UNDERLYING ☐ CAUSE OF DEATH.		IR?	Oldy, give exact location)
ZID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY O	CCURRED 21s HOW DIE	NJURY OCCUR?	
OF INJURY WHILE AT N	OT WHILE	MSORT OCCURT	
22. I certify that I took charge of the remains desc	AT WORK L	INSPECTION	47
		Autopsy. Inspection or In	quiry
the evidence obtained by said Autopsy, Inspecti and death in my opinion resulted from: natural	on or Inquiry, find that $l$ causes $\square$ , accident $\square$ .	said deceased died suicide   homicide	on the day stated above $\Box$ undetermined $\Box$ .
23A. SIGNATURE	23B. CHIEF M	EDICAL EXAMINER	23c. DATE SIGNED
15/ Fisher	ASSISTANT M	EDICAL EXAMINER	1167-5-
24A. BURIAL, CREMA- 24B DATE 1 24C. NAME OF	M.D. MEDICAL INV		11030
JION, REMOVAL (Specify)			
BURIAL (Specify) 11/6/52 BALTO.	M.D.   MEDICAL INV	550/ Stee	town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	M.D. MEDICAL INV	550/ Stee	
DATE RECEIVED BY REGISTRAR'S SIGNATURE  NOV 5 - 45 Huntington Villaunt	M.D.   MEDICAL INV	550/ Stee	town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	M.D.   MEDICAL INV	550/ Stee	town, or county) (State)



10A. USUAL OCCUPATION (Give kind of work done during most of working life, of the life retired) 15. What DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS (Yes, no or anknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)

about home, farm, factory, street, office bidg., etc.)

EDICAL

LYING OR CONTRIBUTING

CAUSE OF DEATH

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK . 19 5. that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 10 deceased alive on hell-195 from the causes and on the date stated above. 23A. SIGNATURE 23C DATE SIGNED

INJURY OCCUR?

20 AUTOPSY

NO

YES

M. D 24A. BURIAL CREMA- 24B. DATE 240 NAME OF CEMETERS OCATION (City, town, or county) (State)

ON, REMOVAL (Specify DATE RECEIVED BY

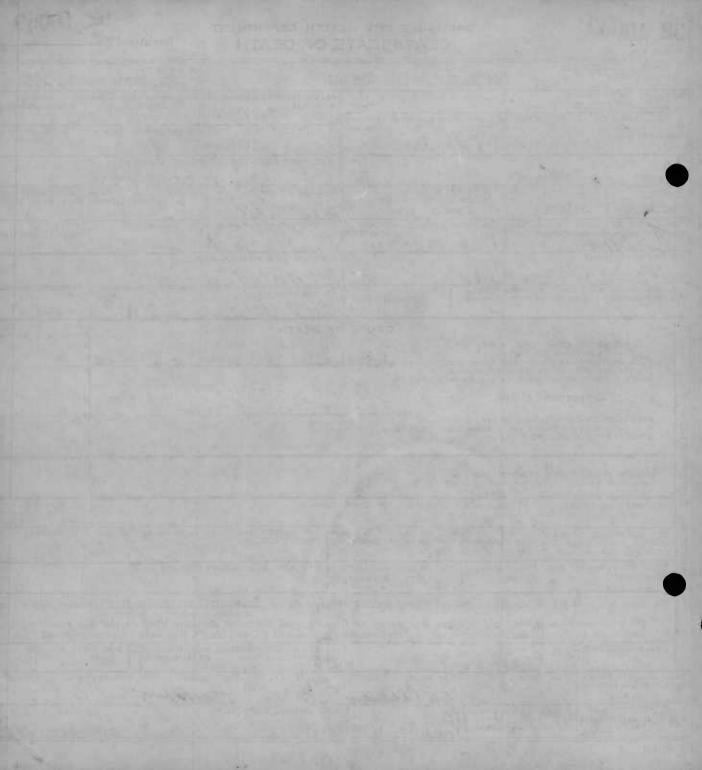
REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

52 10069 BIRTH NO.	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	52 Registered No	10069
1. NAME OF DECEASED (Type or Print)	NATHANIEL JORI	DAN	2. DATE OF November	r 1, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF O'l not in he	ospital or institution, give street address or	4. USUAL RESIDENCE (W. A. STATE Maryland		
HOSPITAL OR INSTITUTION	ersity Hospital		outside corporate limits, wr	ite RURAL and give township)
ength of stay in Baltimor	Yrs.	D. STREET ADDRESS (If r		Constant of the last of the la
5. SEX 6. COLOR OR RA male colored		8. DATE OF BIRTH	9. AGE (In years Months last birthday)	1 Year If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give ki ork don) during most of working life, even if ret	nd of 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for 14. MOTHER'S MAIDEN NA	.C.	CITIZEN OF WHAT COUNTRY!
19. WAS DECEASED EVER IN U. S. AF	RMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ALGO W. F.	ESS AVE
DISEASE OR CONDITION  (This does not mean the me heart failure, asthenla, etc. It injury or complication which  ANTECEDENT C  DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	DN DIRECTLY DEATH dee of dying, e.g., means the disease, ch caused death.)  AUSES  S, IF ANY, GIVING (A) STATING THE DUE TO	OF DÉATH	ular disease	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CO	BUT NOT RELATED			111
194. DATE OF OPERATION	19B, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTR UTING   CAUSE OF DEA	1B. about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Y	ear) (Hour)   21E. INJURY OCCURRI	21F. HOW DID INJURY	OCCUR?	
the evidence obtained and death in my opini	harge of the remains described a by said Autopsy, Inspection or I on resulted from: natural causes	Autōpsy, Inquiry, find that said dec X, accident □, suicide [	respection or Inquiry $ccased$ died on the do $\Box$ , homicide $\Box$ , under	ay stated above, termined □.
23A. SIGNATURE		ASSISTANT MEDICAL EXAMPLE ASSISTANT MEDICAL EXAMPLE ASSISTANT MEDICAL EXAMPLE ASSISTANT MEDICAL EXAMPLE ASSISTANT MEDICAL INVESTIGATORY ASSISTANT MEDICAL INVESTIGATORY ASSISTANT MEDICAL EXAMPLE ASSIST	XAMINER Nov	. 1, 1952

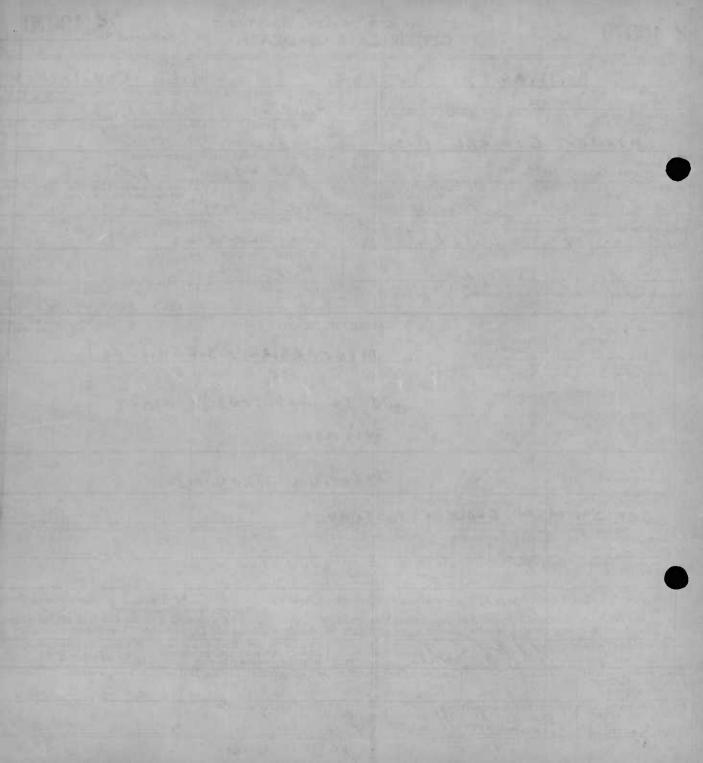
ERTIFICATION

U

BURIAL, CREMA-EMOVAL (Specify)



52 10070 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM URNER NaV. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "f not in bospital or institution, give street address or MARKAND ANNE ARUIDEL HOSPITAL OR location) (If outside corporate limits, write RURAL and give MARYLAND GENERAL INTHICOM 1+ E101-115 Yrs. D. STREET ADDRESS (If rural, give location) Mos. MOUNTAIN Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) MALE WHITE MARRIED 14.1909 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY fork done during most of working life, even if retired) WHAT COUNTRY AROLINA STEAM FITTER SOUT/ 13. FATHER'S NAME LUMRING URNER TEORGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) [ (If yes, give war or dates of service) SECURITY NO. Wm 36/1 UR No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MYUCARDIAL INSUFFICIENCY (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HYPORTENSIVE HEART DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. DISE ASE DeLerium TRENUMS OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY OCT. 29- 1452 ChOLECYSTOSTOMY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ..... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) 15 GREENVILLE REMOVAL DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR



3. PLACE OF DEATH:

B. FULL NAME OF

52 10071 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE James E. Struble DEATH NOV. 4-1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. STATE before admission) c. CITY OR TOWN

Elkhart

Sept. 25-1930

Eliz. Leary

Indianna

A. Baltimore City, Maryland (If not in hospital or institution, give street address or

HOSPITAL OR Baltimore City Hospitals 4940 Eastern Ave.

Mos. lmo. 12dava Davs

16. SOCIAL

OUE TO

DUE TO

SECURITY NO.

CAUSE OF DEATH

Bulbar and Spinal Polio

c. Length of stay in Baltimore 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) M Married 10B. KIND OF BUSINESS OR

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY leck leus a

13. FATHER'S NAME

Edward Struble 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

18. 180.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DISEASES OR CONDITIONS, IF ANY, GIVING

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-

Trachectory 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from 9-22-52, and that death occurred at 2.30MM, from the causes and on the date stated above. 19 deceased alive on.

23A. SIGNATURE 24A. BURIAL, CREMA, TION, REMOVAL (Specify)

mando DATE RECEIVED BY REGISTRAR'S SIGNATURE

4940 Eastern Ave. Baltimore Md. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

-3904

25. FUNERAL DIRECTOR Cook Inc

(If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location)

609 Honey Street 9. AGE (In years)

li Under 1 Year last birthday) | Months | Days | Hours | Min. 12, CITIZEN OF

11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME

WHAT COUNTRY?

If Under 24 Hours

17. INFORDALL imore City Hospitals Redords: 4940 Eastern Ave.

INTERVAL BETWEEN ONSET AND DEATH lmo. 12days

(If in Baltimore City, give exact location)

20. AUTOPSY

19 52 to 11-4-, 1952, that I last saw the

ADDRESS

VS 150

21c. WHERE DID

INJURY OCCUR?

2 1F, HOW DID INJURY OCCUR?

BUTHIAD GLACUSTA STRUMBERS With Tall Townson AVE TO STATE OF COLUMN COLUMN OF THE PARTY OF LAND

25 JUNE 20	BALTIMORE CITY HE		D
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)		2.	DATE / /
3. PLACE OF DEATH:			DEATH // 2 52 deceased lived. If institution: residence
A. Baltimore City, Maryland		A. STATE B. COUNTY before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give	
INSTITUTION	HOSPITAL	WOODSTOCK	township)
G .	Yes.	D. STREET ADDRESS (If rural,	give location)
c. Length of stay in Baltimore	5 Days		6300
5. SEX 6. COLOR OR RACE	<ol> <li>SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</li> </ol>		AGE (In years   ff Under   Year   ff Under 24 Hours ast birthday)   Months Days   Hours   Min.
N) W	Widowed	aug. 18 1868	84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BATHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	equiller	14. MOTHER'S MAIDEN NAME	4.8,4,
O-16/ 1/2. V.		2	
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates of	FORTES?   16. SOCIAL	HUNIE SNYDER	
(Yes, no or unknown) (If yes, give war or dates of	SECURITY NO.	17. INFORMANT	ADDRESS
18. 1/2/1 5/	CAUCE	Mr Horman The	INTERVAL BETWEEN
DISEASE OR CONDITION DI		OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) LCUTE LULINUM ARY EDENIA 12 hrs.			
heart failure, asthenia, etc. It means injury or complication which cau	s the disease.		
ANTECEDENT CAUSES	S		
DISEASES OR CONDITIONS, IF ANY, GIVING			15 72
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  ON GESTIVE TAILURE  OU  (C)			
ON DENEMMEN EAST	(C)	***************************************	
LI II			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  GANGRENE DRY, LEFT LEG			7
TO THE DISEASE OR CONDITION C	B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
A SALE OF OFERATION	B. MAJOR PHOPINGS OF OFER	ATTON	YES NO X
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)			
LYING OR CONTRIBUTING CAUSE OF DEATH	about nome, farm, factory, sereet, omce mag., c	INJURY OCCURY	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
	m. WHILE AT NOT WHILE		
22. I hereby certify that I atten	nded the deceased from	1/1 ,1952, to 11	2 , 19 , that I last saw the
	1951, and that death occur	red at 10 48 pm., from the ca	uses and on the date stated above.
29A. SIGNATURE	7-1-	3B. ADDRESS	23C. DATE SIGNED
24A. BURINA. CREMA- 24B. DATE	M. D.     24C. NAME OF CEMETE	RY OR CREMATORY   24p. LOCAT	TON (City, town, or county) (State)
TION REMOVAL (Specify)	15 mt 7/	ien Villa	- Howard Es mel
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	ton Williams, M.F.	Thered Thicks	I of her My mis
VS 150	4	Q STAL S	1
1791 de		Mithe A.	Haight

52 10073

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Antonie Kolar 11-2-1952 (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before ndmission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN 5003 Remmell Avenue INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 911 N. Collington Avenue Length of stay in Baltimore 55 Years Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) White December 20,79 Female Widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House work Bohemia Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Kriz Antonie Vanik 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknowa) (If yes, give war or dates of service) SĘCURITY NO. Frank Kolar, 5003 Remmell Avenue None INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK , 1953 to Nov 2 , 1952, that I last saw the 14/4 11 22. I hereby certify that I attended the deceased from\_ deceased alive on hou 1952, and that death of curred at 11 A. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED

24A. BURIAL CREMA 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 11-5-1952 Holy Redeemer Cemetery Baltimore 6, Maryland Burial

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Frank Cvach & Son, 900 N. Chester St. 5 Thurtmotor

Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH ( 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : re A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hispital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN JOHNS HOPKINS HOSPITAL INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPL E (State or foreign country) 10B. KIND O BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? 13. FATHE 'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown SECURITY NO JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE AT WORK WORK , 1952 to\_ 10-23 0-29 , 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_ 18 -24, 1952, and that death occurred at 505Pm., from the causes and on the date stated above. deceased alive on\_ 23A, SIGNATURE 238, ADDRESS 23c. DATE SIGNED TOHNS HOPKINS HOSPITA 24A. BURIAL, CREMA-TION, REMOVAL (Specify) NAME OF CEME ERY DRICKEMATORY 24D. LOCATION (City, town, or county) 24B DAT

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

ood Brantley Bu

FUNERAL DIRECTOR

ADDRESS

-1	650						
R	52 100	0'75		CERTIFICAT		MENT Registere	2 10075
1.	NAME OF D	ECEASED	am O.	Briown		2. DATE OF No	3 1059
	PLACE OF D	EATH:	am U.	DI-OWII	4. USUAL RESIDE	NCE (Where deceased lived	
	Baltimore (	City, Maryland	al or institut	ion, give street address or	Md.	B. COUNTY	before admission)
H	OSPITAL OR ISTITUTION	2800 Clif		location)	c. CITY OR TOWN	(If outside corporate l	mits, write RURAL and give township)
				50 - Yrs.		SS (If rural, give location	)
_		tay in Baltimore		Mos. Days		lifton Ave.,	
5.	SEX	6.COLOR OR RACE		E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	last birthday)	Months Days Hours Min.
-	ale	White		ried	Jan. 30, 18		
vor	k done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
10	Grocer B. FATHER'S N	NAME	Groce	ery Business	Md.	10511 11115	
1		Brown				ne Handley	
15	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	no	(11 Jes, give war of date	of of antivico)	none none	Mrs. Annie	K.Brown 2800	Clifton Ave.,
	18. 42 2	.2 .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		1.		7	AND DEATH
	(This does	LEADING TO DEA not mean the mode	of dying, e. s	2., (A) MU	& cand	Lus	gears
	injury or	re, asthenia, etc. It mes complication which	ans the diseas caused death	e,			
		ANTECEDENT CAUS	SES		)		0
Z	DISFASE	S OR CONDITIONS, I	E ANY CIVIN	(B)			
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
CA	ONDERL	into contaminant E		(C)			
RTIF		11		T 15.1			
ER		SIGNIFICANT COND					
ΰ	TO THE D	ISEASE OR CONDITION	CAUSING 1	Τ			
7	19A. DATE C	OF OPERATION 1	198. MAJOR	FINDINGS OF OPER	RATION		20, AUTOPSY?
EDICAL	21A. ACCIE	DENT WAS UNDER-		ACE OF INJURY (e. g.,		ID (If in Baltimore Ci	ty, give exact location)
		R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCU	R?	
Σ	JD. TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
1	FINJURY		m.	WHILE AT NOT WHILE AT WORK			
						953 that I last saw the	
		live on Nov 3	1952	and that death occu	rred at 10/50 m.		n the date stated above
	23A. SIGNA		. (		23B. ADDRESS	1 Ro. 4. 1.	23c. DATE SIGNED
	5.00	- CAYN	eno	Wells M. D.	105/1	1 Dewrale	4 11-4-52
Z.	4A. BURIAL, ON, REMOVAL (S	Specify) (	State State S	24c. NAME OF CEMETE		24D. LOCATION (City, to	
_	Burial	112-6-1		Western Ce		Baltimore,	Md.
L	ATE RECEIVE	RAB REGISTRAR	S SIGNATU	IRE AFTER	25. FUNERAL DIR		ADDRESS
	INTIA D =	147717	1 1/16	The AINA MILE	u.noward S	trong 3207 W.	NOI'LH AVE.

G. Howard Strong 3207 W. North Ave.,

0 6 0

VS 150

Dr. Christopher J. Mer. De 115'
651N BENTALOUST SCHOOL SE

CERTIFICATE CORRECTED	11-10-52
52 10076 BALTIMORE CITY HEALT	) C 1 ( M. ) / C
BIRTH NO. CERTIFICATE C	F DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF 0.3059
August D. Degener	DEATH NOV. 2, 1952  JSUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland	TATE B. COUNTY hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	ITY OR TOWN (If outside corporate limits, write RURAL and give
1645 Wilkens Ave	Balto. To God township)
Mos.	TREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Life Days	1645 Wilkens Ave
The second of th	ATE OF BIRTH 891 9. AGE (in years if Under 1 Year last birthday) Months Days Hours Min.
med I I Gu	V. 26, 1892 60  SIRTHPLACE (State or foreign country) 12, CITIZEN OF
Box Naker H.D.Dreyer Co.	Maryland.
	MOTHER'S MAIDEN NAME
Degener	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	NFORMANT ADDRESS
	Mrs Anna Degener, 1645 Wilkens Ave
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	mary Ocelusion 4 days notelerate C-V During Swerelyen
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATIO	
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or	YES NO 21c. WHERE DID (If in Baltimore City, give exact location)
	INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov	19, 19 30 to Nov 2, , 1952, that I last saw the
deceased alive on Nov 1, 1952, and that death occurred	at 7 = m., from the causes and on the date stated above.
	DORESS 1 23c. DATE SIGNED 11/3/52
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OF Burial Nov. 5, 1952 St. Pauls	CREMATORY 240 LOCATION (City town, or county) (State) VIOLETVILLE Balto. Md.
Date received by registrar's signature 25.	FUNERAL DIRECTOR ADDRESS  A Link (4101 Edmondson ave.
VS 150	10<069

The second second second second second

4 52 10077 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nov. 2,1952 William Clayance OF

	DEATH
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Maryland Gen. Hosp.	Linthicum Heights, A. A. Co. township
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore  Mos. Days	206 Sycamore Rd
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  MA. Warried	Jan. 30,1886  9. AGE (In years if Under I Year Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Onductor  B. & O. R. H. Dustry	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hale	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Irs.Alice B.Hale, Linthicum Heights
DISEASE OR CONDITION DIRECTLY	Ca-diac Decemper sation
Z DISFASES OR CONDITIONS IS ANY COUNTY	tensive Cardio Vascular Desease

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

24B. DATE

ERTIFICATION

EDICAL

(c) Atalectosis + preamonis - Rt LowerLobe OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT NOT WHILE! WORK

. 1952, to // 1952, that I last saw the 22. I hereby certify that, I attended the deceased from

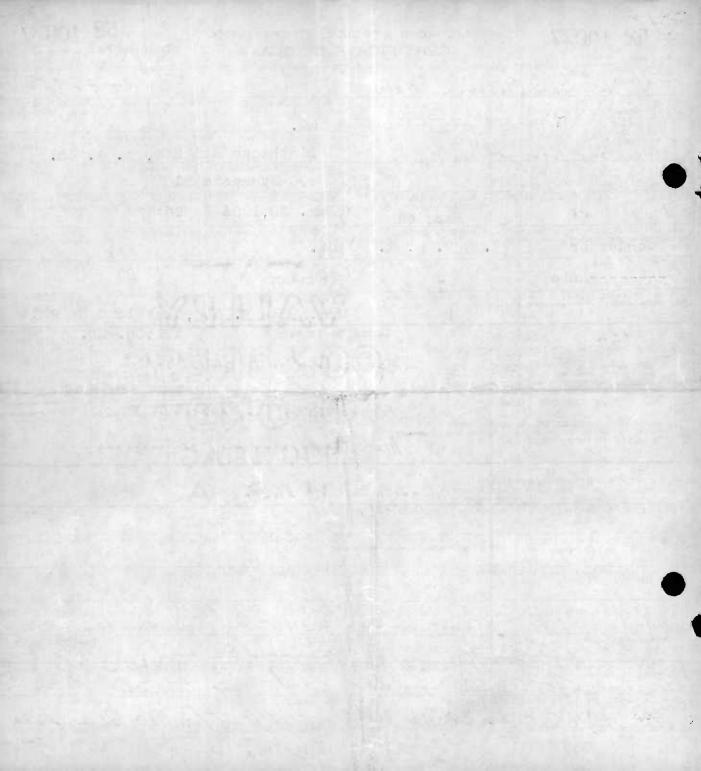
1952, and that death occurred at 2:15 Pm., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE, SIGNED

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

(State)

20. AUTOPSY



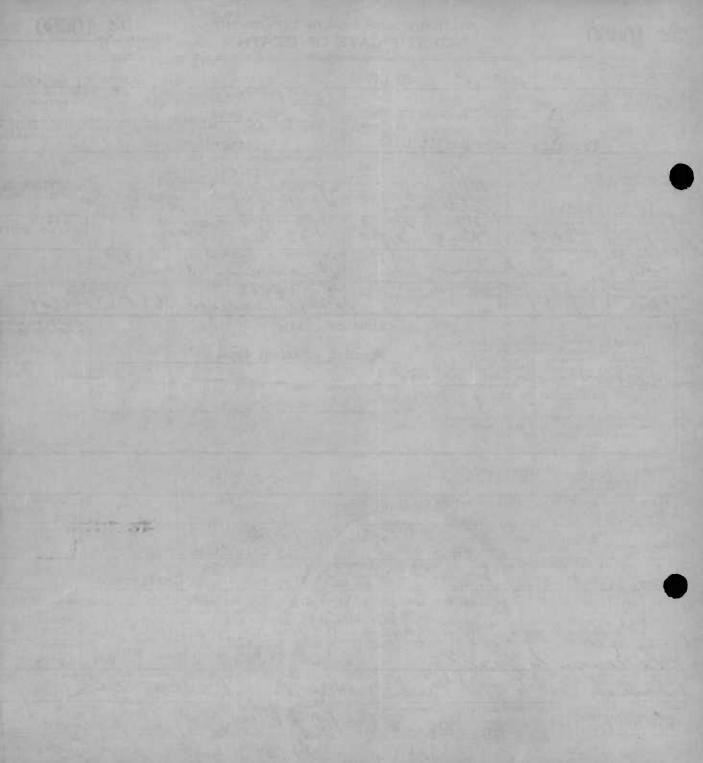
-	560								
В	52 10	1078-261	BAL 26	TIMORE CITY HI	EALTH DEPART	MENT H	Registered	52 No	10078
	NAME OF D	ECEASED Bak	y Bo	v Sonne	1- Earlo		ATE NO.	¥' 3	1952
A.		City, Maryland	/		4. USUAL RESID	ENCE (Where de		f instit	ution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		al or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside		its, wri	te RURAL and give
-	Y	University	1705	01/3/	Balt D. STREET ADDR	IMOTE ESS (If rural, o	ive location)	o " (	township)
		tay in Baltimore		7 Mos. Days	319 W	hitridge	Ave.		
	SEX	6. COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)	001.	1952 las	_	if Under I	Year Hunder 24 Hours Days Hours Min.
worl	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Baltimo	State or foreign c	ountry)		WHAT COUNTRY
13	Leona Leona		er		14. MOTHER'S MA	IDEN NAME	lian		
15 (Ye	MAS DECEASI	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Father		Baltim	ADDRE	ess Md.
ERTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  Erythrobiastasis factalis  DUE TO  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							NSET AND DEATH	
LC		F OPERATION 1		FINDINGS OF OPER	RATION				20. AUTOPSY?
EDICA		PENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., i			altimore City,	give e	yes No xact location)
S		(Month) (Day) (Year)	V	HILE AT NOT WHILE	ED 21F. HOW DIE	INJURY OCC	UR?		
			ended the	deceased from 10	128 , 195	,			at I last saw the
	dcceased at		, 195 7,	and that death occur	Tred at 4. Tom.  3B. ADDRESS  University	Hospita	ses and on t		c. DATE SIGNED
710	AA. BURIAL. (S ON REMOVAL (S	CREMA- 24B. DATE Specify) Nov 8/5	-2	hondon Pa		Bala Bala	on (City, town	or co	unty) (State)
	ATE RECEIVE OCAL REGIST	RAR	s signatu	Khawa- M.Z.	Harry H. W.	tyle 3/	10/Edn	HOU	don Au
	VS 150		,	9 5 2 0	10	07!			

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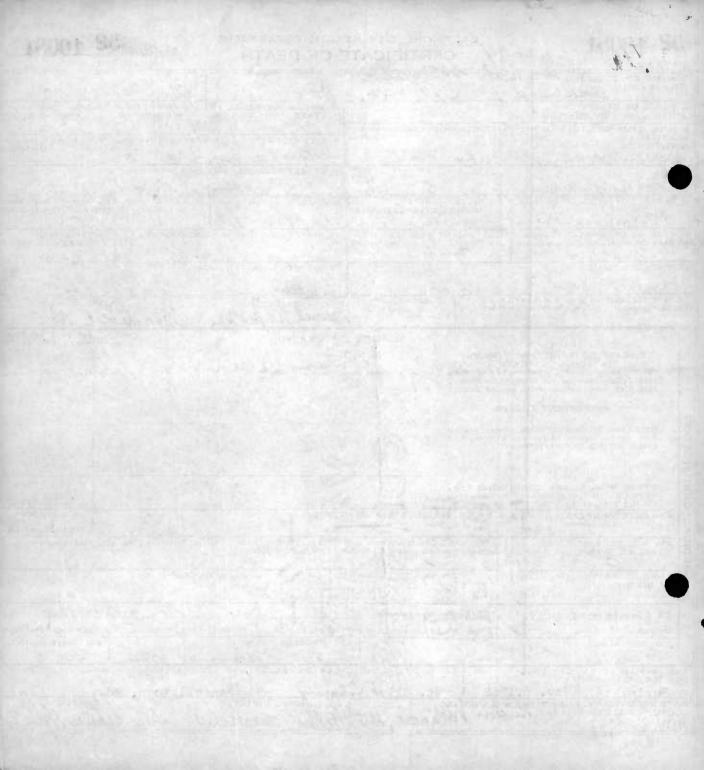
Report card 01327 Bureau of Tbc of the party Dr. H. Icomb, B.C.H. after death - I was also della della della restable settle e the seed of all seems and a THE LOCAL PROPERTY OF THE PARTY WELLEY. The second of the TOWN DEVICE WOOD TO

## BALTIMORE CITY HEALTH DEPARTMENT 52 10080

BIRTH NO.	ed No.					
1. NAME OF DECEASED   2. DATE						
(Type or Print)	ovember 4, 1952					
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. COUNTY  B. COUNTY	d. If institution: residence					
B. FULL NAME OF f not in hospital or institution, give street address or Maryland						
INSTITUTION	limits, write RURAL and give townshlp)					
Franklin Square Hospital Baltimore	1 - 12 00					
Yrs. Mos. D. STREET ADDRESS (If rural, give location	1) ņ					
Length of stay in Baltimore Days 1615 Cole Street  S.SEX   6.COLOR OR RACE   7. SIN LE, MARRIED.   8. PATE OF BIRTH   9. AGE (In year)	If Under 1 Year   If Under 24 Hours					
Male White Wijowed Diverged (Specify) 4-75-1979! last pirg day)	Months Days Hours Min.					
10/. USUAL OCCUPATION (Give Indef work for the country)  work date during most of work for the country)  Wild and the country of the country	12. CITIZEN OF WHAT COUNTRY					
John C. Sullivan Florence hash						
(If you five year or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT SECURITY NO.  16. SOCIAL SECURITY NO.	- Cole St					
18. F 97 / CAUSE OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Gunshot wound of head						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	***************************************					
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.						
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?  YES X NO   ty, give exact location)					
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	YES X NO					
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB.   21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   21C. WHERE DID (If in Baltimore City)   101	YES X NO					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UNDERLYING A OR CONTRIB. UNDERLYING A OR CONTRIB. Home  21b. THING LI CAUSE OF DEATH. Home  21c. INJURY OCCUR?  21c. WHERE DID (If in Baltimore Cit INJURY OCCUR?)  16l5 Cole Street  21c. THING (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21c. How DID INJURY OCCUR?	ty, give exact location)					
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING & OR CONTRIB. UNDERLYING & O	YES X NO Lity, give exact location)					
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  12b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  10ll CAUSE OF DEATH.  12ll. TIME (Month) (Day) (Year) (Hour)  21b. INJURY OCCURRED  21c. WHERE DID (If in Baltimore City about home, farm, factory, street, office bldg., etc.)  16l5 Cole Street  21c. To Did Injury occur?  16l5 Cole Street  21c. How DID Injury occur?  16l5 Cole Street  21c. How DID Injury occur?  Firearms - self-inflict  22c. I certify that I took charge of the remains described above, held an Autopsy. Inspection or Inquence.	ted  thereon and from					
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UNDERLYING A DEAL OR CONTRIB. UNDERLYING A OR CONTRIB. UNDERLYING A DEAL O	ted  thereon and from the day stated above.					
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  12b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  10ll CAUSE OF DEATH.  12ll. TIME (Month) (Day) (Year) (Hour)  21b. INJURY OCCURRED  21c. WHERE DID (If in Baltimore City about home, farm, factory, street, office bldg., etc.)  16l5 Cole Street  21c. To Did Injury occur?  16l5 Cole Street  21c. How DID Injury occur?  16l5 Cole Street  21c. How DID Injury occur?  Firearms - self-inflict  22c. I certify that I took charge of the remains described above, held an Autopsy. Inspection or Inquence.	ted  thereon and from the day stated above, undetermined					
19a. Date of operation  19b. Major findings of operation  21a. External cause was underlying a or contrib.  21b. Flace of Injury (e. s., in or about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  102  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  102  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  102  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  101  21c. Where did (If in Baltimore City) about home, farm, factory, street, office bldg., etc.)  102  21c. Where did (In)  103  21c. Where did (In)  104  21c. Where did (In)  105	ted  thereon and from the day stated above, undetermined  23c. DATE SIGNED  Nov. 4, 1952					
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING & OR CONTRIB. UNTING CAUSE OF DEATH.  10b. Time (Month) (Day) (Year) (Hour)  21b. Time (Month) (Day) (Year) (Hour)  21c. INJURY OCCURRED  21b. Time (Month) (Day) (Year) (Hour)  21c. INJURY OCCURRED  21c. Time (Month) (Day) (Year) (Hour)  21c. Time Did (If in Baltimore City (Injury) occurs)  16l5 Cole Street  21c. Thow Did Injury occur?  Firearms - self-inflict  Autopsy. Inspection or Inquiry, find that said deceased died on and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide []  23a. SIGNATURE  23b. BURIAL. CREMA- 24b. DATE  16l5 Cole Street  21c. WHERE DID (If in Baltimore City (Injury) occurs?  Firearms - self-inflict  Autopsy. Inspection or Inquiry, find that said deceased died on and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide []  23b. CHIEF MEDICAL EXAMINER	ted  thereon and from the day stated above, undetermined  23c. DATE SIGNED  Nov. 4, 1952  own, or county) (State)					
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING & OR CONTRIB.  UTING CAUSE OF DEATH.  Home  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  Home  21C. WHERE DID (If in Baltimore City injury occurs?)  1615 Cole Street  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day)	ted  thereon and from the day stated above, undetermined  23c. DATE SIGNED  Nov. 4, 1952					



625	Y The state of the
52 10081 2 474 CERTIFICATE OF DEATH Registere	52 1008
BIRTH NO. 52-26 474 CERTIFICATE OF DEATH Registere	d No.
1. NAME OF DECEASED CONCENTRATION OF OF	1.1./-
3. PLACE OF DEATH:    DEATH   DEATH	1/4/5-3
A. Baltimore City, Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate light)	ald matter and give
Union Memorial Hospital Baltimore 7	township)
D. STREET ADDRESS (If rural, give location,	
Extensity of stay in Baltimore S Days   C3 50 L13-rt; None	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years wild birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	1 12. CITIZEN OF
work done during most of working life, even if retired)  INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	452
Paniel McCainana Mary Las Cha	:070
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Appress 1
Manual /1 year ner. 6300.	NTERVAL BETWEEN
18. 776 X	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,  (A)	
(I'ms does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  CO OTHER SIGNIFICANT CONDITIONS CON-	
U	
(c)	
TRIBUTING TO THE DEATH, BUT NOT RELATED	The Control of
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
O SAL	· YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.)  21C. WHERE DID (If in Baltimore City)	ty, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
Tm. WHILE AT NOT WHILE AT WORK	
	9 Athat I last saw the
deceased alive on 1//4, 195 \( \), and that death occurred at \( \) \( \) m., from the causes and on	
23A_SIGNATURE 23B. ADDRESS	
11	23C. DATE SIGNED
24a, BURIAN CREMA-1 24B, DATE 124C, NAME OF CEMETERY OF CREMATORY 1 24D, LOCATION (City, to	23c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to TION, REMOVAL (Specify)	23c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to TION, REMOVAL (Specify) Nov. 5.1952 Mt. Olive Cemetery Randallstown.  DATE RECEIVED BY   RESISTRAR'S SIGNATURE.	23c. DATE SIGNED
24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, to TION, REMOVAL (Specify)  Burial Nov. 5, 1952 Mt. Olive Cemetery Randallstown,  DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE	23c. DATE SIGNED wn, or county) (State)
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to TION, REMOVAL (Specify) Nov. 5.1952 Mt. Olive Cemetery Randallstown.  DATE RECEIVED BY   RESISTRAR'S SIGNATURE.	23c. DATE SIGNED wn, or county) (State)



52 10082 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DSEPH KOSENTHAL OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) UNIVERSITY HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4534 N. KOGERS AVE. Life c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. March 13, 1941 DINGLE 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) USA COUNTRY INDUSTRY SCHOOL BOY ARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME YARON OSENTHAL ROSE KOGERS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. no Mr. Aaron Rosenthal- 4534 N. Rogers Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ARDIO - KESPIRATORY FAILURE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE RYTHEMA MULTIFORMIS BULLA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! . 1952 that I last saw the 1952 to 22. I hereby certify that I attended the deceased from \_\_\_\_\_\_// 195 and that death occurred at 1/20m., from the causes and on the date stated above. deceased alive on 11/4 23A. SIGNATURE 23c. DATE SIGNED

24a. BURYL. CREMA- 24B. DATE
110N. REMOVAL (Specify)
11/5/52

Mickro- Kodesh Cong

Baltimore, Maryland

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR OF THE PROPERTY OF CREMATORY 24D. LOCATION (City, town, or country) (State 12D. LOCATION (City, town, or country) (State 12D. LOCATION (City, town, or country) (State 12D. LOCAL REGISTRAR OF THE PROPERTY OF CREMATORY 24D. LOCATION (City, town, or country) (State 12D. LOCAL REGISTRAR OF THE PROPERTY OF THE

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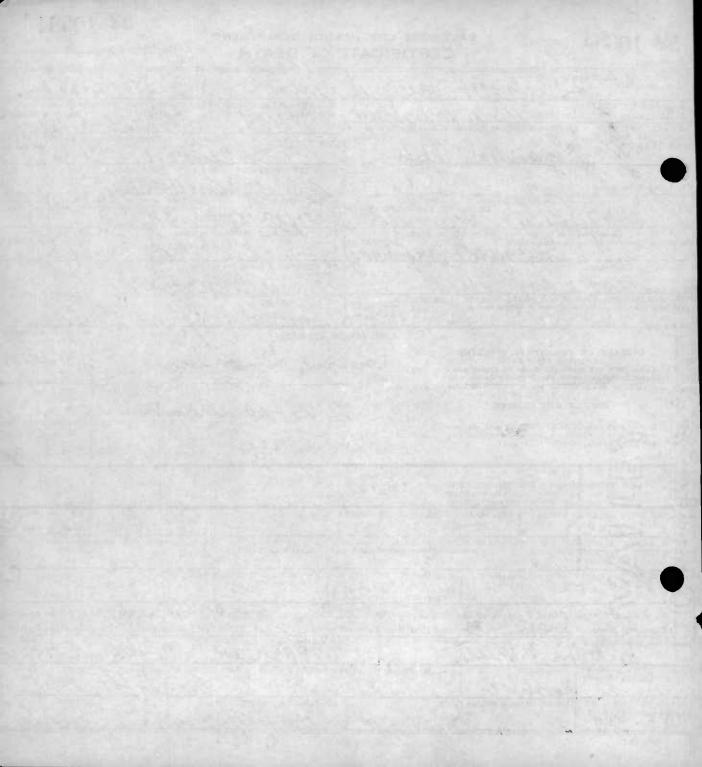
071

orth avenue

BALTIMORE CITY HEALTH DEPARTMENT 52 10083 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or, Print) OF L 11005 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Balto. C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Latindalky ( 400/ D. STREET ADDRESS Yrs. (If rural, give location) 109 Maglison fd. MUS. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIYORCED (Specify last birthday) Months Days Hours Min. Single 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Relardet -TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY AT WORK deceased alive on 2 Nov, 195, and that death occurred at 3 m. from 23A. SIGNATURE 21430 , 19 S, that I last saw the m., from the causes and on the date stated above. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

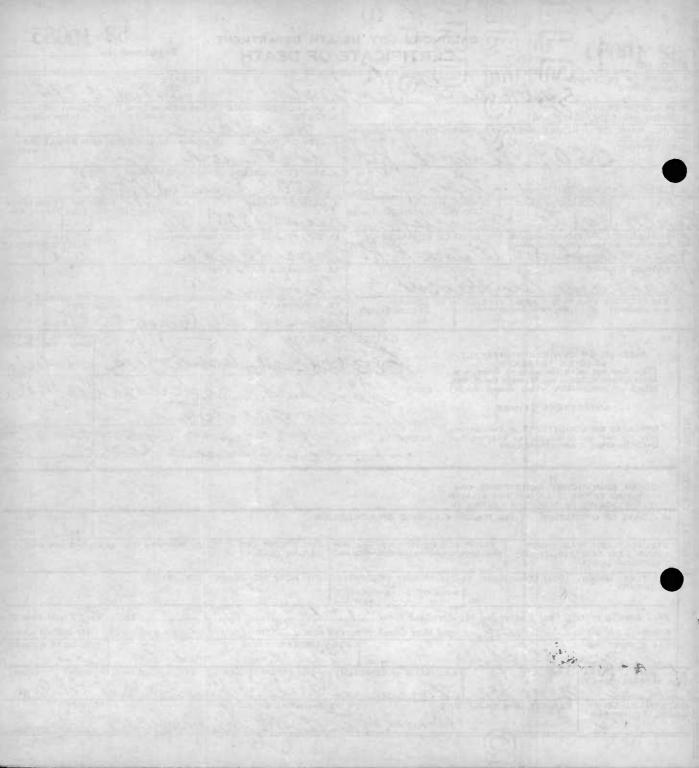
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52 10085 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH / LOT 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE BACOUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR [location (If outside corporate limits, write RURAL and give C. CITY OR TOWN . INSTITUTION township) allemore D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE , SINGLE, MARRIED, 8 DATE OF BIRTH 9. AGE (In years) It Under 1 Year DOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. OA USUAL OCCUPATION (Give kind of or k gone during most of parking life even if spired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 22,1 ONSET AND BEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE/TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from , that I last saw the . and that death occurred at 2 decoused alive one Im., from the causes and on the date stated above. 23A. SUNATURE 236. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA TION, REMOVAL (Specify 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State) ADDRE RECEIVED BY REGISTRAR'S SIGNATURE REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 10086 52 10085 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Harriett M. Hennessy DEATH NOV. 3, 1952
4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 506 E.Coldspring Lane Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Appr.20 vrs 506 E.Coldspring Lane Davs 6. COLOR OR RACE 7, SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under I Year Il Unier 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White Widowed Nov.18,1871 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Gallitzin, Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Patrick Burns Susan Glass 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. Lahe no no Joseph M. Hennessy 506 Coldspring none 18. 422.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ArTeriosclerotic (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Vascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Ŀ. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

TIME (Month) (Day) (Year) (Hour) NJURY

WHILE AT

WORK

22. I hereby certify that I attended the deceased from\_\_\_\_

deceased alive on 0 ct. 31, 1952, and that death occurred at 6

RAR'S SIGNATURE

21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR?

21c. WHERE DID INJURY OCCUR?

NOT	WHILE	100
	WORK	

23B. ADDRESS

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1954 to_	N	0	V	
A.m., from	th	ıe	ca	ıı
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-5		195	34	that	I lo	ist.	saw	the
ises	and	on	the	date	sto	itco	l abe	ove.
7			1	220	DAT	TE C	TACK!	ED

(If in Baltimore City, give exact location)

	V	-	-	11	
24A.	BURIAL.	CREMA-	24B.	DAT	Ē
		(Specify)			

23A SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

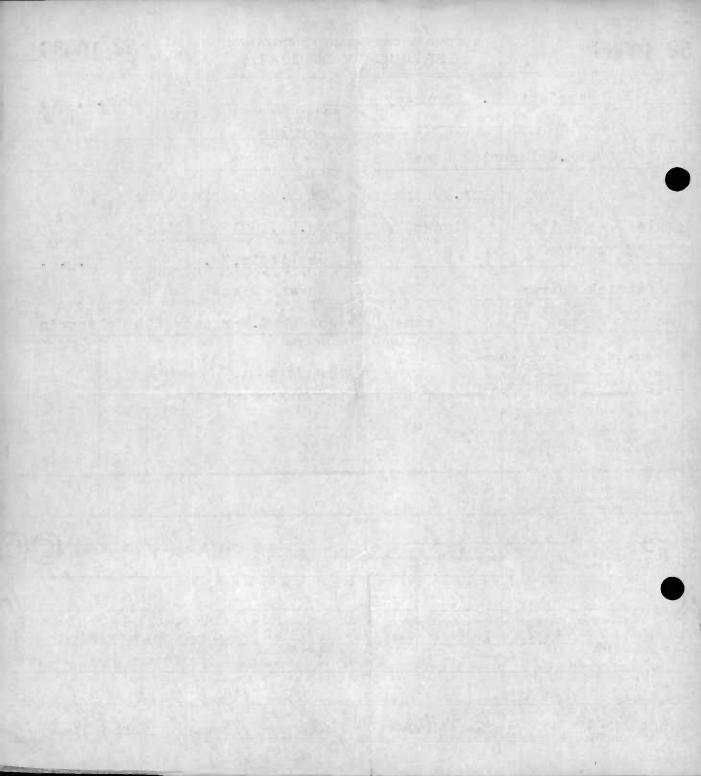
E SIGNED

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DATE RECEIVED BY

EDICAL

19B. MAJOR FINDINGS OF OPERATION



52 10087 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) B. LOUIS November 3. MIKLES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland ' f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Franklin Square Hospital D. STREET ADDRESS (If rural, give location Yrs. Life Mos. 1225 S. Clinton Street ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year Jack birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 29, 1907 Male White Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF United Lines work done during most of working life, even if retired) WHAT COUNTRY Md. Longshoreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Zeller B. Mikles Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS C (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO 1225 4-01-8954 Mrs. Thelma E. Mikles Clinton INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of left femur (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DEDGENORE ANTECEDENT CAUSES (B) Fracture of pelvis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE MIXEKINOX UNDERLYING CONDITION LAST.

FICATION (c) Post-traumatic shock OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

(If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Pratt Street United States Line 21F. HOW DID INJURY OCCUR Deceased was a 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

198, MAJOR FINDINGS OF OPERATION

WHILE AT X 2:30 freight handler & fell down a hole Nov. P.m. AT WORK 22. I certify that I took charge of the remains described above, held an \_\_ Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ .

20. AUTOPSY

YES X

Bal to St.

23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. Nov. C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Moreland Park Tavler Ave. Balto Md. Nov. 7. 1953 DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

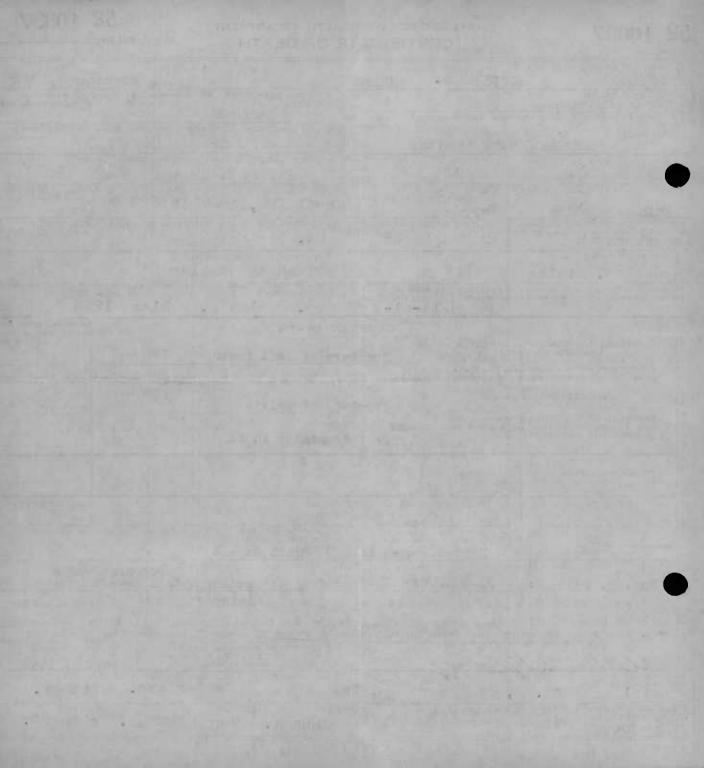
V5 - 1050 Ballian, Ma 3000 E. John A. Moran 94055

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TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION



500				
52 10088 BIRTH NO.		EALTH DEPARTMENT	52 Registered No_	10088
1. NAME OF DECEASED (Type or Print)	M HANN		2. DATE OF DEATH NOV	3.190
s. PLACE OF DEATH:  A. Baltimore City, Maryland	al or institution, give street address or location)		B. COUNTY	before admission)
c. Length of stay in Baltimore	life Mos. Days	D. STREET ADDRESS (If r		1-01
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Months	of 1 Year If Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  13. FATHER'S NAME	108. KIND OF BUSINESS OR INDUSTRY Banking	11, BIRTHPLAGE (State or for BAAT/MORK) 14. MOTHER'S MAIDEN NA	: 110	CITIZEN OF WHAT COUNTRY?
CHARLES HA	NN	SUZANNA	MACHER	2
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or naknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Mrs. Florence B.	ADDE	RESS
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of the complex of the	DIRECTLY TH of dying, e.g., ins the disease, caused death.)  DUE TO CAR  THE COMPANY DUE TO CAR  THE C	OF DEATH  RIO SCLEROTT  RIO VASCU LA		INTERVAL BETWEEN

CERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION MEDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY

deceased alive on 101 3 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from VAN 24 1952 and that death occurred at

19520 NOV 3 , 195 Hat I last saw the from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR

Fred. Ave. Baltimore, Md. Loudon Park Burial Nov. 5, 1952 26. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

LOCAL REGISTRAR 1900 Eutaw Place

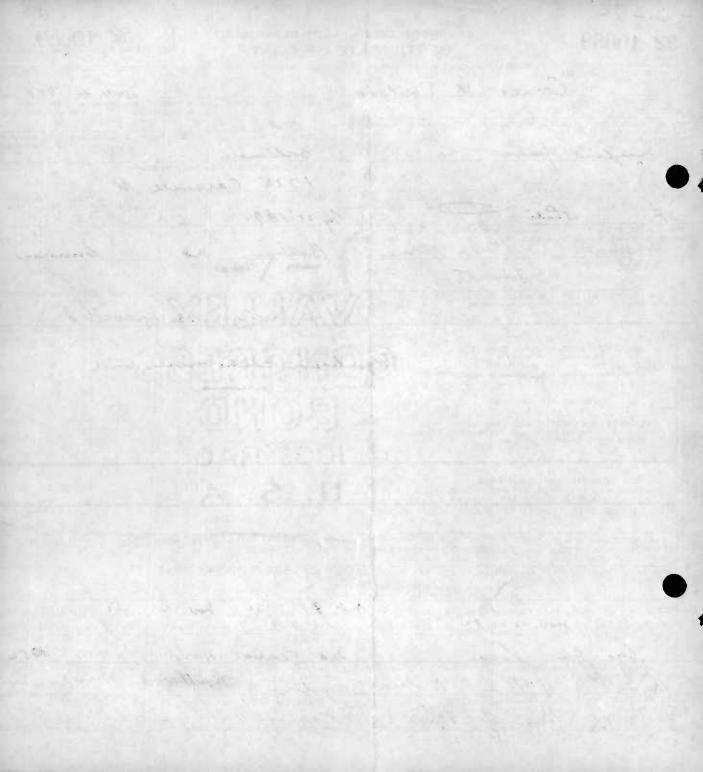
less of the case of the case of the case . If . The following the second second

52 10089

## BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 10089

BIRTH NO.	E OF DEATH			
1. NAME OF DECEASED (Type or Print)  Grace V. Switzer  3. PLACE OF DEATH:	2. DATE OF DEATH WOLL 44'1952			
3. PLACE OF DEATH:  Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	ma.			
mayland general Hosp.	Balting township)			
Yrs.	D. STREET ADDRESS (If rural, give location)			
length of stay in Baltimore Mos. Days	1735 Carswell St.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH 9 ACE IID MORNS Hilledge I Veer 1 Hilledge 24 House			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	M. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
Housewife Own I tomo	Reliance What COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Fewitt				
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
(11 Yes, give war or dates of service) SECURITY NO.	Hm. J. Switzer, 1735 Carowell St.			
18. 442 X . CAUSE				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
(This does not mean the mode of dying, e.g.,	lugur carlis voscula sens			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	•			
	ase come			
Z (B)				
O DISEASES OR CONDITIONS, IF, ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.				
TRIBUTING TO THE OEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	PATION			
	AATION 20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., c	n or   21c. WHERE DID (If in Baltimore City, give exact location)			
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
F INJURY WHILE AT NOT WHILE				
m.   WORK   AT WORK	6 2 /			
described river an 34-72 (4 10 is	f. 3/, 1952, to how. 4, 1952, that I last saw the			
	rred at <b>3.6.</b> m., from the causes and on the date stated above.			
See- Acii Lii	ma. level Hosp. 2000. K'1952			
24A. BURIA CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
Buria 11/7/52 Nestern 8	emoter Baltomore, Wangland			
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
APPAR REGISTRAR It tinton Wallagues M.	Mm Corf Inc. 1217 ff. Pa. Ilx			
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Und 1190 CJ	TIFICATE	TH DEPARTMEN	Registered N	10090
BIRTH NO.		OI DEXIII		
1. NAME OF DECEASED (Type or Print)			2. DATE OF	150
S. PLACE OF DEATH:	.    4	. USUAL RESIDENCE	(Where deceased lived, If i	ntitution: residence
A. Baltimore City, Maryland 1457 W. Mu	LL SERRY A.	STATE	B. COUNTY	before admission
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR		CITY OR TOWN	ERRY & NO	write RURAL and giv
INSTITUTION		13:01.11	AADE 9	() - () township
		STREET ADDRESS	If rural, give location)	0 0
c. Length of stay in Baltimore	Mos. Days			
5. SEX   6. COLOR OR RACE   7. SINGLE, MARE WIDOWED, DIV	RIED.   8.	DATE OF BIRTH		Under 1 Year   If Under 24 Hours ths: Days   Hours   Min
Y WISONES, BIV	OKCED (Speelity)	11/9/1891	60	1 25
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BU	INDUSTRY	. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
HOUSE WORK KEDING HOW		//		WHAT COUNTRY
13. FATHER'S NAME	14	MOTHER'S MAIDEN	NAME	
? LENNARTZ		EMMELY WALL		
	CURITY NO.	INFORMANT		DRESS
X X	X	OHN W. WAGE	R. 1857 WM46	BERRY ST
18. 153 x and 260x	CAUSE OF			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	0.16	7	1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) Careen	oma / Th	e signor	1 year
	E TO	1 D		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			
	E TO			
	(C)			
OTHER SIGNIFICANT CONDITIONS CON-	Decle de	mall des		
TO THE DISEASE OR CONDITION CAUSING IT.	1900-01-0	///saccr-v		
19A. DATE OF OPERATION   19B. MAJOR FINDS	NGS OF OPERATI	ON		20. AUTOPSY?
214 ACCIDENT WAS UNDER 218 PLACE OF	INJURY (e. g., in or	21c. WHERE DID	(If in Baltimore City, g	YES NO NO
	ry, street, office bldg., etc.)	INJURY OCCUR?	(at in Danimore Only, g.	ive exact location,
D. TIME (Month) (Day) (Year) (Hour) 21E. IN.	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
m. WHILE AT	NOT WHILE			
22. I hereby certify that I attended the deceas	ed from Sen	7 1946 to	har 3 1950	that I last saw th
			the causes and on th	
23A SIGNATURE		ADDRESS	100	23c. DATE SIGNED
Morno V. Steinberg	м. р. 9	10 11. Hil	ton Il	Pr. 4, 1750
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ME OF CEMETERY		LOCATION (City, town,	
BURIAL 11/9/52 Wes	lun (e		DMONDSON AV	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25	FUNERAL DIRECTO	Lo 14 / 1	ADDRESS
NOVE 1059 1 unlington 1/6	LALDIA- M. Y.	how to lawel	113 makens all	ell. (rel.

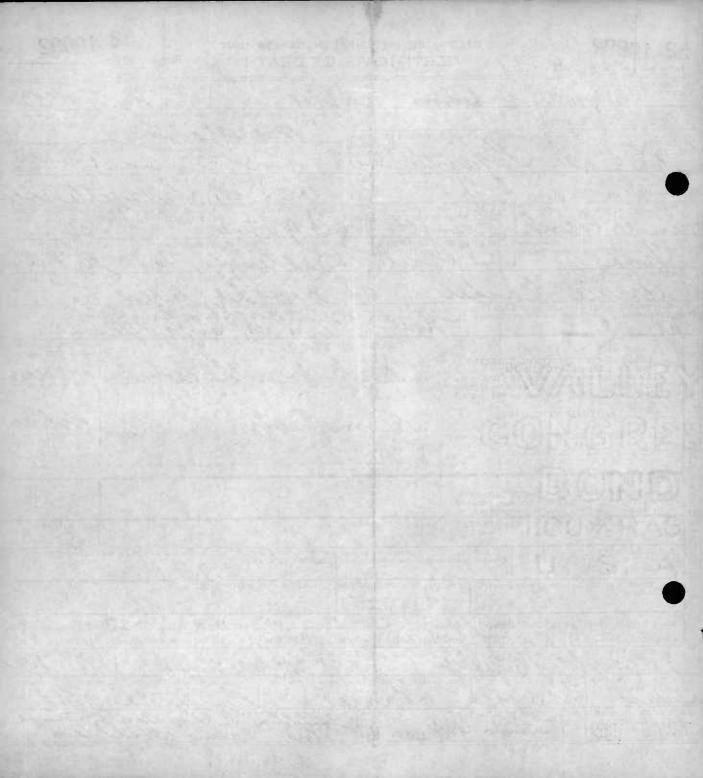
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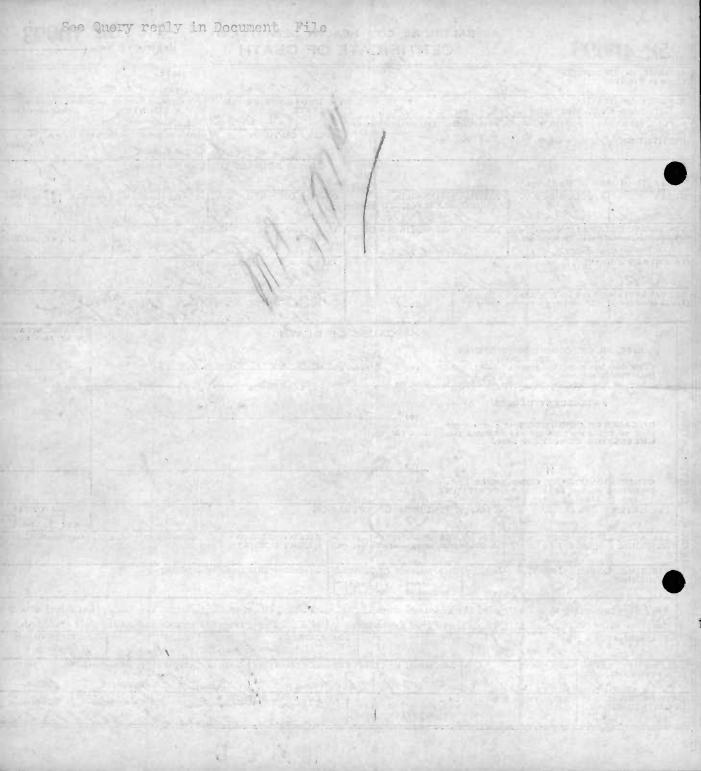
CERTIFIC TE CORRECTED 12/4/52 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) A. MAUDE WOODYARD DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Luckeran Hos location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give townshin) 4 - Yrs. p. STREET ADDRESS (If rural, give location) Mos. Lesle e live Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year | If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Aress naker 5.1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WM H. Woodward 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. // CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Probably primary site -- utemus ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 45° 1952, to . 19 that I last saw the 22. I hereby certify that I attended the deceased from\_ . 1952 and that death occurred at 1 Am., from the causes and on the date stated above. deceased alive on\_ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) Buria M.P. Can DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE meral Home 7401. Belain VS 150

See Document File for query reply

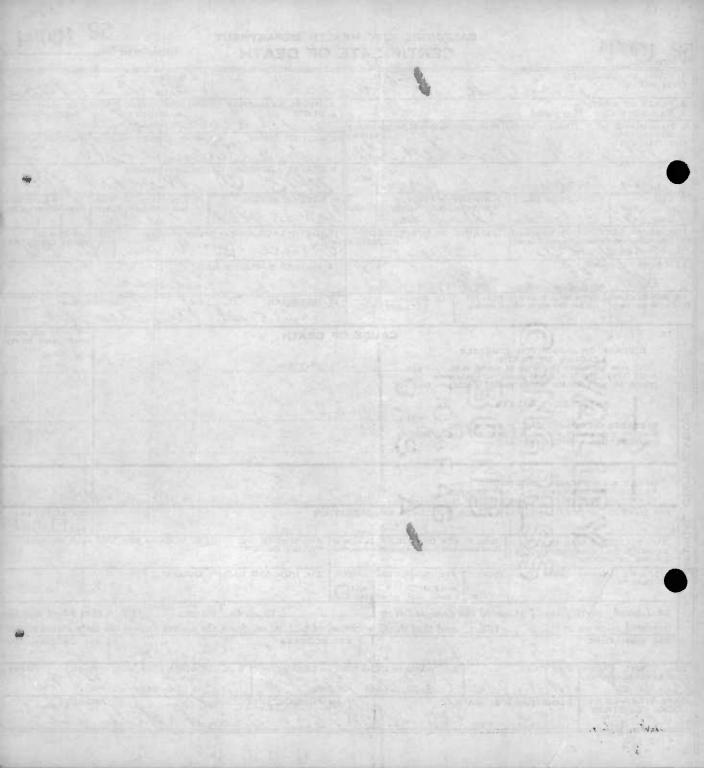
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52 10092  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH	52 10092 Registered No.
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  A. STATE	2. DATE OF DEATH W. 4, 1952 here deceased lived. If institution: residence before admission)
10639 St. To Jayette Gre Salt	outside corporate limits, write DURAL and give
c. Bength of stay in Baltimore Mos. Days 639 01	ral, give bottom
Temale Colored WIDOWIE DIVORCED (Specify) Och. 9, 1952	9. AGE (1) years of Under 1 Year If Under 24 Hours last by thday, Norths Days Hours Min.
work demediating most of working life, even if retired) Unifamily Baltemere	reign country) 12. CITIZEN OF WHAT COUNTRY?
archie Cashel snothy	. Duer
(11 yes, give war or dates of service)	a fairelle On.
18. 764,5  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Audit Install	INTERNAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	
	3uh
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If LYING) OR CONTRIBUTING about home farm factory street office bldg. etc.) IN JURY OCCUP?	20. AUTOPSY?
CAUSE OF DEATH	in Baltimore City, give exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY  MHILE AT NOT WHILE AT WORK AT WORK	OCCUR?
deceased alive on 11 -4 , 195, and that death occurred at 400 m., from the	, 1985, that I last saw the
238 ADDRESS M. D. 558 Me Mer.	han # 23c. DATE SIGNED
Surial NW.5, 1952 Laurel Sa	CATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	in Still ane.
VS 150	



CIRTITO I GO I TITA 52 10093 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE before admission) A. Baltimore City, Maryland Dalt more, Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Droviden + Hospital location) C. CITY OR TOWN outside corporate limits, write RURAL and give D. STREET ADDRESS Yrs. Mos. Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) H Under 1 Year 9. AGE (In years) AGE (in years) If Under 1 Year | II Under 24 Hours last bathday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Hausewer. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of gervice) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 5/X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. From stomach (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE! 10/29 , 1952, to 11/2 , 195 that I last saw the 22. I hereby certify that I attended the deceased from\_ . 19.72 and that death occurred at 2'30 f m., from the causes and on the date stated above. deceased alive on\_\_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Biltimore 24A. BURIAL, CREMA-TION DEMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE Duras DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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52,10094	BALTIMORE CITY HE CERTIFICAT		Registered No.	10094
1. NAME OF DECEASED (Type or Print)	h Roa	ne	of Oct. 5	3/1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		itution : residence before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	institution, give street address or location		utside corporate limits, w	
1415 St. M	reall St.	Salle	more 1	6-0 township)
c. Length of stay in Baltimore	60 Mos.	D. STREET ADDRESS (1)	Morkey	M.
Gemale Colored	SINGUE, MARRIED WINGWED, DY ORGED (Specify)	8. DATE OF BIRTH Car. 15, 1880	9. AGE (In years last birthday) Months	
10A. USUAL OCCUPATION (Give kind of 10 work doned up ing most of work log life, eye of retired)	B. KIND OF BUSINESS OR INDUSTRY	PILETHPLACE (State on to	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER WAME	Honath.	14. MOTHER'S MAIDEN NA	Brose	
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of a	RCES? 16. SOCIAL SECURITY NO.	17/WEOBMANT Mg	ymacher	St
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ring. e. g., (A) Care the disease,	cinoma of L	eft Breast	INTERVAL BETWEEN ONSET AND DEATH & month,
ANTECEDENT CAUSES	1100	K C.		
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.		Thom Cai		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED	ve Gostr	to Myo-Co	ndily
	MAJOR FINDINGS OF OPER	RATION	and the standard	20. AUTOPSY?
= 1 21A. ACCIDENT WAS UNDER- 1 4	21B. PLACE OF INJURY (e. g., leaves, office bldg., office	o of 21c. WHERE DID (Industry OCCUR?	f in Baltimore City, give	exact location)
ID. TIME (Month) (Day) (Year) (Ho	OUT) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
22. I hereby certify that I attend	ica vice accoused ji one	~ 8 · 5/, 19_, to O		hat I last saw the
deecased alive on 11-31-,1 23A. SIGNATURE		3B. ADDRESS 1133 N. MO	he causes and on the o	late stated above.  3c. DATE SIGNED  //-5-52
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)		RY OR CREMATORY 24D. LC	CATION (City, town, or of	ounty) (State)
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR  NOV 5 - 1059	IGNATURE,	28 TUNERAL DIRECTOR	Juneral A	ane.
Vs 150		10086		



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52 10095 BALTIMORE CITY HE CERTIFICATE	EALTH DEPARTMENT 52 10095  F. O.F. D.F.A.T.H. Registered No.
I. NAME OF DECEASED	,   2. DATE
(Type or Print) Mr. AARON M. COHE	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION UNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ength of stay in Baltimore  51  Yrs.  51	o. STREET ADDRESS (If rural, give location)  516  50474  BROADWAY.
5. SEX 6. COLOR OR RACE 7. SDIELE (MARRIED, WIDOWED, DWORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under I Year Indee
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, eveo if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MERCHANT STORE	BALTIMORE, MX. 11C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MAX A. COHEN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	FRANCES R. COHEN
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	I. W. CONEN . SKY LAKE DR.
18. /94X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF COMPLETON PURSON	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	TASTASIS OF CANCER OF THYROD NOV. 195
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	TASTASIS OF CANCER OF THYROD NOV. 195
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	12 MONTHS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	12 MONTHS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	12 MONTHS
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	12 MONTHS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	PEINOMA OF THYROID.
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS	REINOMA OF THYRSID.
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (G)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OESASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER NOU. 1951  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  CAUSE OF DEATH	ATION THYROLD TO 21C. WHERE DID (If in Baltimore City, give exact location)
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OSEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPER CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DEADLY CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURR	ATION THYROLD TO OT 21C. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	ATION THYROLD  Sec.   21c. WHERE DID   (If in Baltimore City, give exact location)      ED   21f. HOW DID INJURY OCCUR?
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	ATION  THYROLO  OF THYROLO  OF 21C. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?  1952, to 11-4, 1952, that I last saw the
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DECAUSE OF DEATH  21A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  22. I hereby certify that I attended the deceased from 1.2. and that death occurs deceased alive on 1.2. and that death occurs	ATION THYROLD 20. AUTOPSY? YES NO 12 INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  1952, to //- 4, 1952, that I last saw the
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER LYING OR CONTRIBUTING DEATH about home, farm, factory, etreet, office bidg  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  22. I hereby certify that I attended the deceased from 1.2. and that death occur 23A. SIGNATORE  23A. SIGNATORE  M. O. MATERIAL OF CAUSE OF TOTAL OF THE ATT WORK AT WORK	ATION  THYROLO  20. AUTOPSY?  YES NO  21C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  The dat 7 Am., from the causes and on the date stated above.  38. ADDRESS  23C. DATE SIGNED  11-4-50
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER LYING OR CONTRIBUTING DEATH Shouthome, farm, factory, street, office bldg., CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shouthome, farm, factory, street, office bldg., cAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR MHILE AT WORK AT WO	ATION THYROLO 20. AUTOPSY? YES NO 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  1952, to 1-4, 1952, that I last saw the red at 75 Am., from the causes and on the date stated above. 38. ADDRESS  23C. DATE SIGNED
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OSEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER LYING OR CONTRIBUTING DEASE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., CAUSE OF DEATH  21A. TIME (Month) (Day) (Year) (Hour)  21A. TIME (Month) (Day) (Year) (Hour)  22A. SIGNATORE  24A. BERIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TIOM, REMOVAL (Specify)  DATE RECEIVED BY   REGISTRAR'S SIGNATURE	ATION  THYROLO  20. AUTOPSY?  YES NO  21C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  The dat 7 Am., from the causes and on the date stated above.  38. ADDRESS  23C. DATE SIGNED  11-4-50
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER NOU. 195  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shouthome, farm, factory, street, office bidg., CAUSE OF DEATH  21O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  22. I hereby certify that I attended the deceased from A work work at work work at wo	ATION  THYROID  THYROID  THYROID  TO OT 21C. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  Tred at 75 Am., from the causes and on the date stated above.  38. ADDRESS  23C. DATE SIGNED  AND CITY OF CREMATOR 240. LOCATION (City, town, or county) (State)
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ON ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OSEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPER CAUSE OF DEATH  LYING OR CONTRIBUTING DEAD About home, farm, factory, street, office bldg., CAUSE OF DEATH  21a. TIME (Month) (Day) (Year) (Hour)  21b. PLACE OF INJURY (e.g., industry)  21c. TIME (Month) (Day) (Year) (Hour)  21c. TIME (Month) (Day) (Year) (Hour)  22c. I hereby certify that I attended the deceased from 1.3 and that death occurs at the control of the c	ATION  THYROID  THYROID  THYROID  TO OT 21C. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  Tred at 75 Am., from the causes and on the date stated above.  38. ADDRESS  23C. DATE SIGNED  AND CITY OF CREMATOR 240. LOCATION (City, town, or county) (State)

-200		
52 10096 BALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT E OF DEATH Registered No.	10096
1. NAME OF DECEASED (Type or Print) Steve Lewis	2. DATE OF DEATH NOV. 2	. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland	
St. Agnes' Hospital	c. CITY OR TOWN (If outside corporate limits, w	township
Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore  Mos. Days	35 S. Ellwood Avenue	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	last birthday) Month	s 1 Year   ff Under 24 Hours S Days   Hours Min.
Male White Single  10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
work done during most of working life, even if retired)  INDUSTRY		. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Andy Lewis Deceased	Margaret Tsigados Deceas	nad
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, ap or unknown) (If yes, give war or dutes of service) SECURITY NO.		RESS
SECURITY NO.		
18. 447 X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1210
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	aug.	2774K
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	raching shows	7
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Supertinees.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		***************************************
	WWW NO	
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	PATION	20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e		exact location)
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?	JE THE LEE
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from	728, 1952 to 10 2, 195" 74	hat I last saw th
deceased alive on 1952, and that death occur	rred at	
Kalest K Jacker M.D.	700 Cathebal St	DATE SIGNED
24A BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, of	county) (State)
Juna 11/5/32 Speek Come		DDRESS .
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR A	Ch Ja

Minter Charge St. 25

### Registered No. CERTIFICATE OF DEATH 2. DATE DEATH A. STATE B. COUNTY Virginia 'f not in hospital or institution, give street address or

1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Central Police Station D. STREET ADDRESS (If rural, give location) Yrs. Mina 2917 North Ave P.O. Box 6071 Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) Male White Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17, INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 2301-4 Military Joseph M. INTERVAL BETWEEN 3-5-48 to death ONSET AND DEATH E DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

F INJURY

23A. SIGNATURE

LOCAL REGISTRAR

151

0

about home, farm, fuctory, etreet, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour)

WHILE AT WORK 22. I certify that I took charge of the remains described above, held an A

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide X, homicide  $\square$ , undetermined  $\square$ .

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Buria

DATE RECEIVED BY REGISTRAR'S SIGNATURE

Hopewell 25. FUNERAL DIRECTOR

OCCURRED

AT WORK

24C. NAME OF CEMETERY OR CREMATORY

lly & Zeiler

anaca

Autopsy, Inspection or Inquiry

Hopewell

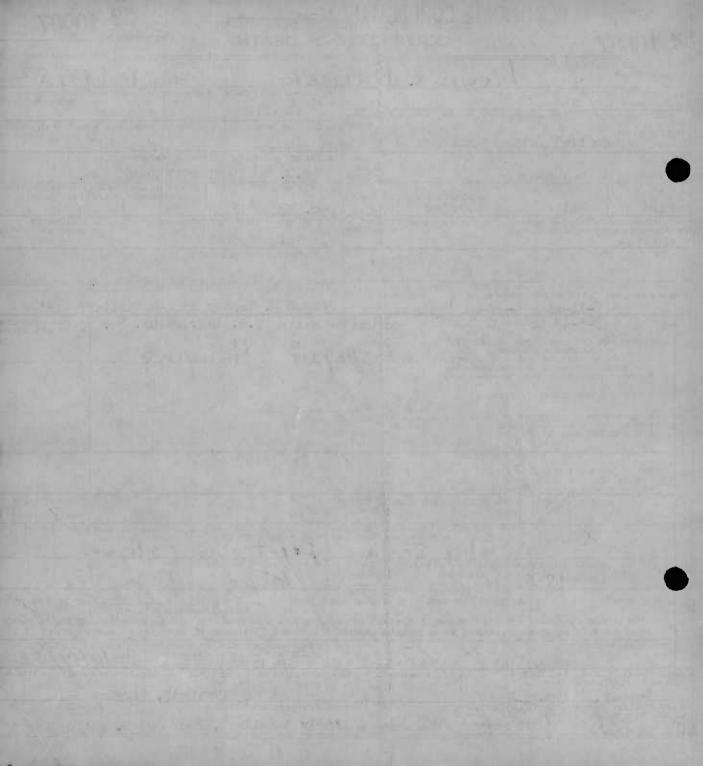
Inc

238. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR.

24D, LOCATION (City, town, or county)

ADDRESS 403 S. Wolfe Street

thereon and from



1. NAME OF DECEASED

## CERTIFICATE OF DEATH

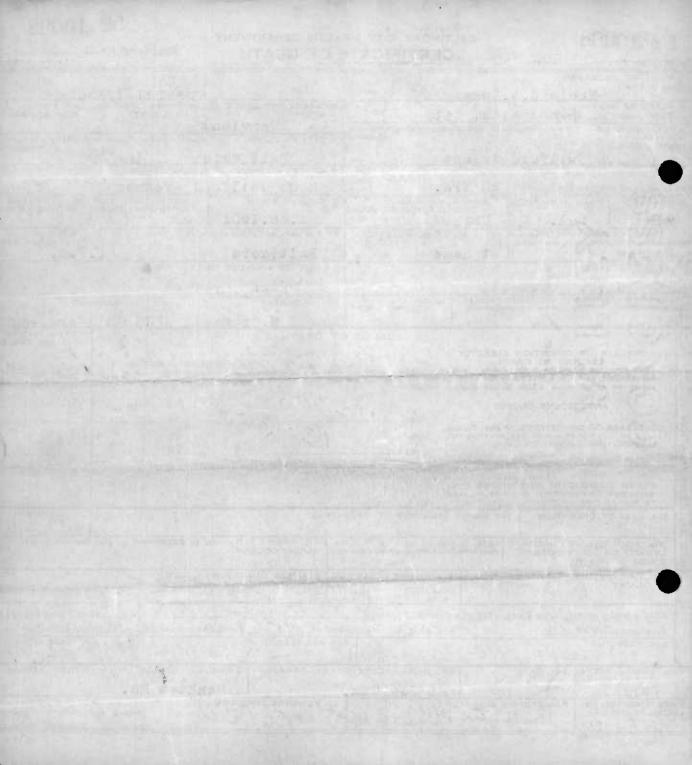
52 10093

BALTIMORE CITY HEALTH DEPARTMENT Registered No.\_\_

2. DATE

(Type of Print) Mable C. V	Conway		DEATH]]/1/1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Bal		4. USUAL RESIDENCE (Who	ere deceased lived. If institution : residence B. COUNTY before admission
B. FULL NAME OF (If not in hospita	al or institution, give street address or	Maryland	
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and giv
2208 Guilford	Avenue	Baltimore	16-04
	Yrs. Mos.	o. STREET ADDRESS (If rui	
c. Length of stay in Baltimore	20 Yrs. Days	2208 Guilford	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If Under 1 Year   If Under 24 Hours last birthday) Months: Days Hours: Min.
Female Col.	Married	Mar.28.1901	51
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)   12. CITIZEN OF WHAT COUNTRY
Housewife	At Home	Baltimere	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E
Harry Cromw	•11	Emma Cres	awell
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or date		17. INFORMANT	ADDRESS
No	s of service) SECURITY NO.	Lenard M. Cromwell	11 2208 Guilford Av
18. 12314	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	)	ONSET AND OEATI
(This does not mean the mode o	TH C	acely Myo	endelle 3
heart failure, asthenia, etc. It meal injury or complication which c	ns the disease,		
ANTECEDENT CAUS			
DISEASES OR CONDITIONS, IF			
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ST.		
<u>U</u>	(C)		
OTHER SIGNIFICANT CONDI			
IN TRIBUTING TO THE DEATH, BUT	NOT RELATEO		
O TO THE DISEASE OR CONDITION		A TION	20. AUTOPSY?
19A. DATE OF OPERATION 0. 1	9B. MAJOR FINDINGS OF OPER	RATION	YES NO D
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	218, PLACE OF INJURY (e.g., i	n or   21c. WHERE DID (If	in Baltimore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,		
D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?
INJURY			
	m. WHILE AT NOT WHILE	7 / 7	an I W
22. I hereby certify that I att		rred at 230 m. from the	, 19 , that I last saw th
deceased alive on / W	_, 19 and that death occur	, , , , , , , , , , , , , , , , , , , ,	causes and on the date stated above
23A. SIGNATURE	La Same	23B. ADDRESS	22.4. 28c. DATE SIGNED
	M. O.	RY OR CREMATORY 240. LOC	CATION (City, town, or county) (State)
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)			
	952 Mt Jey Cem.	Mon	kten Md.
LOCAL REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	on 1000 Brenty
NOV 5 - 1959	ngion Patalus, My	, way 0, was	the second
VS 150	0		

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	BAL	TIMORE CITY HE	ALIH DEPART	MENI	1000
524 N. 1.0099		CERTIFICAT	E OF DEATI	- Registered N	lo.L. P. P. J
1. NAME OF DECEASED (Type or Print)	ovise	Cou	ch	2. DATE OF DEATH NOV	2 - 1952
3. PLACE OF DEATH: A. Baltimore City, Maryla		City		NCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not i	n hospital or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	
JOHNS H	IOPKINS HOSP	Yrs.		More (5 **	township)
c. Length of stay in Baltin	nore 42 Yr		1819Je	+ Berson St	_
5. SEX 6. COLOR OR	RACE 7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under I Year II Under 24 Hours nths Days Hours Min.
PA. USUAL OCCUPATION (GI	ivekind of 108, KIND	OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF
ork doneduring most of working life, even	At He	INDUSTRY	Maryland		U.S.A.
13. FATHER'S NAME	<b>**</b>		14. MOTHER'S MA		
15. WAS DECEASED EVER IN U. S Yes, no or unknown) (If yes, give w	S. ARMED FORCES? ar or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
18. 442 X and	2604	CALIEE	OF DEATH	HOPKINS HOSPITAL	INTERVAL BETWEEN
DISEASE OR COND	ITION DIRECTLY				ONSET AND DEATH
(This does not mean the heart failure, asthenia, etc.	mode of dying, e. g		A 1:	diovasular	J rent 14y
injury or complication  ANTECEDENT					
DISEASES OR CONDIT			ic pyelon		?
RISE TO THE ABOVE CAU	ISE (A) STATING THE	E DUE TO MY	obelin s	tuiture	7
		(3) (10)			
OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR CO	H, BUT NOT RELATE	D AVA a head	is Mellit	7	ct bast 14 m
19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UN	TURE I	CE OF INJURY (e. g., i	in or 21c. WHERE D		7
LYING OR CONTRIBUT					
D. TIME (Month) (Day		21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
22. I hereby certify the	at I attended the	1 Q -	17- 1957	to 1/- 2 - , 1957, from the causes and on the	that I last saw the
23A. SIGNATURE	h 1	and that death occu	38 ADDRESS	KINS HOSPITAL	23c. DATE SIGNED
24a BURIAL CREMA-1 24B	DATE	M. D.			or county) (State)
TION, REMOVAL (Specify)	1-1	It Calvery	water the same of	Breeklyn Md.	
DATE RECEIVED BY REGI	STRAR'S SIGNATU	RE AND AND	25. FUNERAL DIR	/ 1 / 1 / 1	ADDRESS AD

DIVINED TO BELLED and the second of the second o The same of the sa

## BALTIMORE CITY HEALTH DEPARTMENT

52 101.00

	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE 1/_ 1
MARY CARICR	OF 1/- 1-52
a. Baltimore City, Maryland City	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF "not in hospital or institution, give street address location location with the bound of the	
Johns Hopkins Hosp.	Baltimere O-OH townsh
Yr	s. D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 22 Yrs. Mc	ys 416 North Wolfe Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	
Female C Married  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Oct.17.1904 48  11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUST	RY WHAT COUNTS
Demestic At Heme  13. FATHER'S NAME	Richmond Co. Vs. U.S.A.
Harry Norris	Willie Ann Nickens
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO	17. INFORMANT ADDRESS
No	Burligh Carter 416 N.Welfe St
18. E812.4 , CAUS	E OF DEATH INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	estimal obstruction Dre
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Le TROPERITONEAL HOMOGRAGIA
DISEASES OR CONDITIONS, IF ANY, GIVING	
UNDERLYING CONDITION LAST.	TO FRACTURED POLVIS
<u>U</u>	
OTHER SIGNIFICANT CONDITIONS CON-	Market Street Street Street Street Street
TO THE DISEASE OR CONDITION CAUSING IT.  U 19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OP	PERATION   20, AUTOPSY?
1 SE. MASON TIMENOS OF S.	YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office blow.	
UTING LI CAUSE OF DEATH. STreet	6600 Block Belan Rd
F INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	
001-16, 193 20 30 JAJWORK AT WOR	ax A survey by and peacement
22. I certify that I took charge of the remains described	d above, held anAutopsy, Inspection or Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection of	r Ing $xy$ , find that said deceased died on the day stated aboves $xy$ , accident $xy$ , suicide $yy$ , homiside $yy$ , undetermined $yy$ .
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER M   23C. DATE SIGNED
Morshen	M.D. MEDICAL INVESTIGATOR
TION, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
Burial   11/5/1952   Arbutus   DATE RECEIVED BY   REGISTRAR'S SIGNATURE.	
LOCAL REGISTRAR	25 FUNERAL DIRECTOR ADDRESS
VS 30	D, william for the
VS 151 N 808. 2	0840092

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52 1	niot
BIRTH N	0.
1. NAME (Type or I	OF DECEA
3. PLACE	OF DEATH

## BALTIMORE CITY HEALTH DEPARTMENT

52 10101 Registered No.

BIRTH	NO.			CERTIFICATI	OF DEATH	Н	registere	u 110	ALC: U
1. NAM (Type or	E OF DEC	EASED Morgare		Parran	`\	)	2. DATE OF DEATH11/	1 /1952	)
a. Balti	E OF DEA			City	4. USUAL RESIDE				on: residence efore admission
B. FULL HOSPIT		(If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN		outside corporate l	imits, write F	RURAL and giv
		O McCullel	Stre		Baltime:		14:	-03	township
c. Leng	th of sta	y in Baltimore	life	Yrs. Mos. Days			h Street		
5. SEX		COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	1		Months Da	ys Hours Min
TOA. US	UAL OCCL	COL.	Marr 108. KIND	OF BUSINESS OR	1/14/1952 11. BIRTHPLACE (S	State or for	eign country)		IZEN OF
Hou	sawif		At H	INDUSTRY	Baltimor			U.S.	AT COUNTRY
13, FAT.	HER'S NAI		ne mark		14. MOTHER'S MA		ME Tretter		
15. WAS	DECEASED	EVER IN U. S. ARMEI (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	a D T GR	THOUGH	ADDRESS	3
No	107 00 0				John Parre	an 20	00 McCul	STATE SHAPE THE PERSON NAMED IN	ERVAL BETWEE
18.	DISEASE	OR CONDITION	DIRECTLY	CAUSE O	OF DEATH		Λ.		ET AND DEATH
h	This does no eart failure,	EADING TO DEAT of mean the mode of asthenia, etc. It mea mplication which c	f dying, e. g ns the disease	e,	Cenon	لا بمر	\ Uaa	24	Molle
	1A	NTECEDENT CAUS	ES	2	Dalmest	. ()	9	0	
FICATION	SEASES C	R CONDITIONS, II	F ANY, GIVIN	(B)	7 000 7 00		•••••••••••		***************************************
Δ CA	NDERLYIN	IG CONDITION LA	ST.	(C)		,,	***************************************		·····
	THER SIG	II NIFICANT CONDI	TIONS CON	KELER EN					
M 11	RIBUTING T	O THE DEATH, BUT ASE OR CONDITION	NOT RELATE	D					***************************************
J 19A.	DATE OF	OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION			20 YE	AUTOPSY?
Q LYI		IT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., in arm, factory, street, office bldg., e			in Baltimore Ci	y, give exac	et location)
	TIME (MO	onth) (Day) (Year)		21E. INJURY OCCURRI	21F. HOW DID	INJURY	OCCUR?		
22.	I hercby	certify that I att		G	4 7 , 19	, to 11	11/2,1	9, that .	I last saw th
	eased aliv		19	and that death occur	red atm. 38. ADDRESS	, from th	e causes and o		stated above
	(1)	lan		M. D.	100	Ui	PP	- 111	42
	URIAL, CRI MOVAL (Spe		1952	24c. NAME OF CEMETE		24b. LO	CATION (Cit), to	wn, or count	y) (State)
DATE R	REGISTRA		S SIGNATU	Arbutus II o	25 RUNERAL DIR	ECTOR	ray / AH	Bush	ss to
	5 150	- I Justical	0	-		0 7			
				E 10 1	00	7 4			

THE STATE OF THE STATE OF STATE OF THE LOCAL SECTION OF STREET 23 Potental

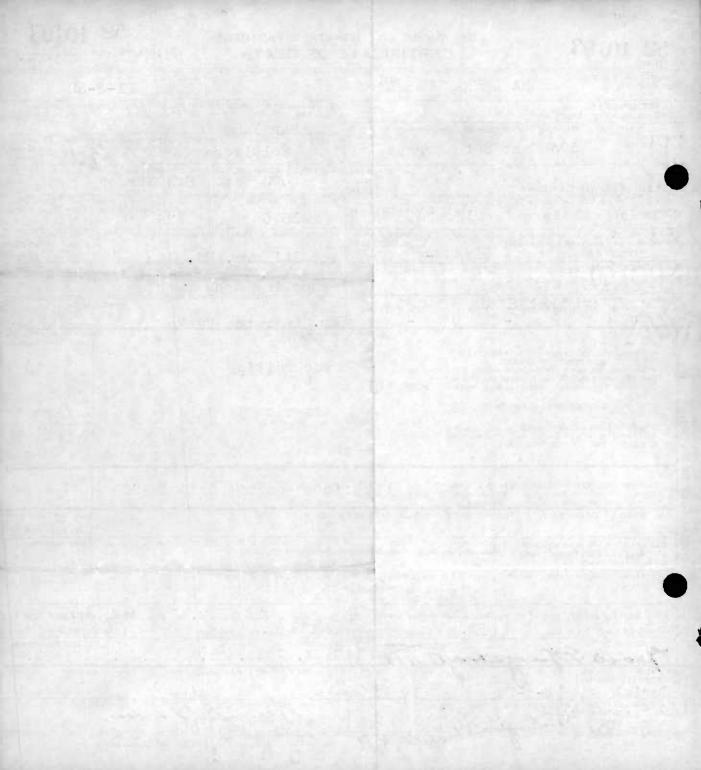
530	
	EALTH DEPARTMENT 52 10102
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF
Rosina (Rosie) Scott Handy	DEATH NOV. 2.1952  4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. Baltimore City, Maryland Balto. City	A. STATE B. COUNTY before admissio
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
752 George Street	Reltimore /7-0 Stownshi
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Life Days	752 George Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	
Female   Col.   Married   10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Mar. 30. 1889 6.3 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)  Housewife At Home	WHAT COUNTR
13. FATHER'S NAME	Paltinore U.S.A.
Grenbury Scott	Annie E. Scott
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
No SESSATING.	Nelter J. Handy 752 George St
V	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	about the molones 11 A
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	so so sourvois - Leaf
injury or complication which caused death.) DUE TO	1
ANTECEDENT CAUSES	ullyschoons
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	INJURY OCCURY
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	19 to 19 to that I last saw t
deceased alive on 4,19 and that death occu	rred at 400 m., from the causes and on the date stated about 238. ADDRESS
W. Carrer M.D.	753 (and 4 11/3)
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State
Burial 11/5/1952 Mt Arburn	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR BUILT ON
NOV 5 - 1959 Huntington Victorius, My.	may b. which I have a see of an
VS 150	100094

Citering less 

524				
E13 104112	TIMORE CITY HE	E OF DEATH	52 Registered No.	10103
1. NAME OF DECEASED (Type or Print) EMMA LAURA	KUNKEL		2. DATE. OF DEATH 11-3	-52
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution SO3 East 28th	location)	Maryland c. city or town (if Baltimore	outside corporate limits, v	vrite RURAL and give township)
Length of stay in Baltimore	Yrs. Mos. Days	503 East	ural, give location) 28th Street	
female white Wide	MARRIED, ED, DIVORCED (Specify) WEQ	1876		er I Year H Under 24 Hours B Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NONE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		WHAT COUNTRY?
13. FATHER'S NAME (?) Wallace		Baltimore M 14. MOTHER'S MAIDEN NA Adeline Cook		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mr. Lawrence K		RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which caused death.	, (A)	OF DEATH		unknown
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVINI RISE TO THE ABOVE CAUSE (A) STATING THE		Arteriosclero	sis	unknown
UNDERLYING CONDITION LAST.	(C)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	OTITIOL	ic Rheumatic A	rthritis	400 400 000 000
19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, fa	CE OF INJURY (e. g., in rm,factory,street,office bldg., e	or 21c. WHERE DID (Inte.) INJURY OCCUR?	f in Baltimore City, give	e exact location)

FID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 8/25 1952, to Nov. 3, , 152, that I last saw the 1952. and that death occurred at 11 Am., from the causes and on the date stated above. deceased alive on 11/1/

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED E. 25th. St. Balto. Md. 11/4/52. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Holy Redeemer DIRECTOR Burial DATE RECEIVED BY ADDRESS



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

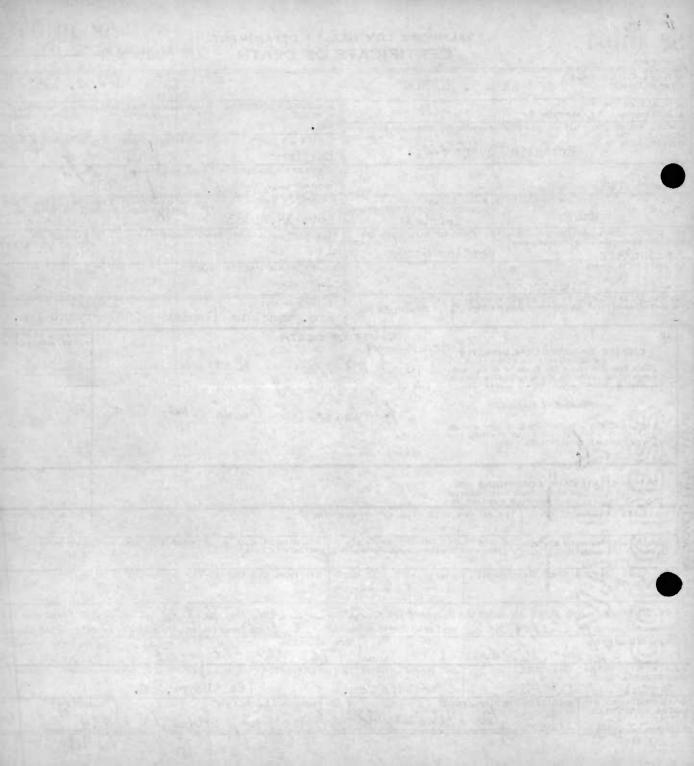
Registered No. 10104

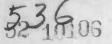
DIL	TH NO.								
1. I (Ty	NAME OF D	ECEASED	Est	ella Brown		Fire	DEATH	ember 3	
A. ]	PLACE OF D Baltimore (	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDE A. STATE Md.	NCE (W	herc deceased lived B. COUNTY	. If institutio	n : residence efore admission)
HO	SPITAL OR STITUTION	879 W.		location)	c. CITY OR TOWN		outside corpora ç li	dis, write	UI AL and give township)
C.	Length of s	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDRE				
5. 9	F	6.COLOR OR RACE		E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last hirthday)	if Under 1 Year Months Day	If Under 24 Hours Hours Min.
10A rork	. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or for	reign country)	12. CIT	IZEN OF AT COUNTRY?
13.	FATHER'S	Wheatley Red	ed		14. MOTHER'S MA Rachel				
15. (Yes,	WAS DECEAS no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT one Mildr	ed Wi	lliems 115	ADDRESS 5 N. Mo	unt St.
RTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' s not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. s. ins the diseas caused death SES F ANY, GIVIN STATING TH STT.	(B) (C) (C)	pertene	***************************************	······································		ET AND DEATH
CE	TO THE O	TO THE DEATH, BUT	CAUSING I		ATION			20	. AUTOPSY?
IEDICAL	21a. ACCIE LYING□ O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., is farm,factory,street,office bldg.,		DID (If	f in Baltimore Cit	ty, give exac	
2	INJURY	(Month) (Day) (Year	m.	21E. INJURY OCCURR WHILE AT WORK AT WORK					
	22. I hereb deceased a 23A. SIGNA	live on scan 3	, 195~건,	deceased from and that death occur	red at 7: 20 pm. 3B. ADDRESS	, from th	ne causes and o	n the date	l last saw the stated above.
24 TIO	A. BURIAL.	CREMA- 24B. DATE,		Mt Auburn	RY OR CREMATORY		ocation (City, to	own, or count	y) (State)
	TE RECEIVE CAL REGIST		+ 11	Maura M.F.	25. FUNERAL DIR Geo. G. Ke		203 Press	ADDRE tman St	
	VS 150	0		yes 1/3 [3	3 1 6 1	9 0	63		

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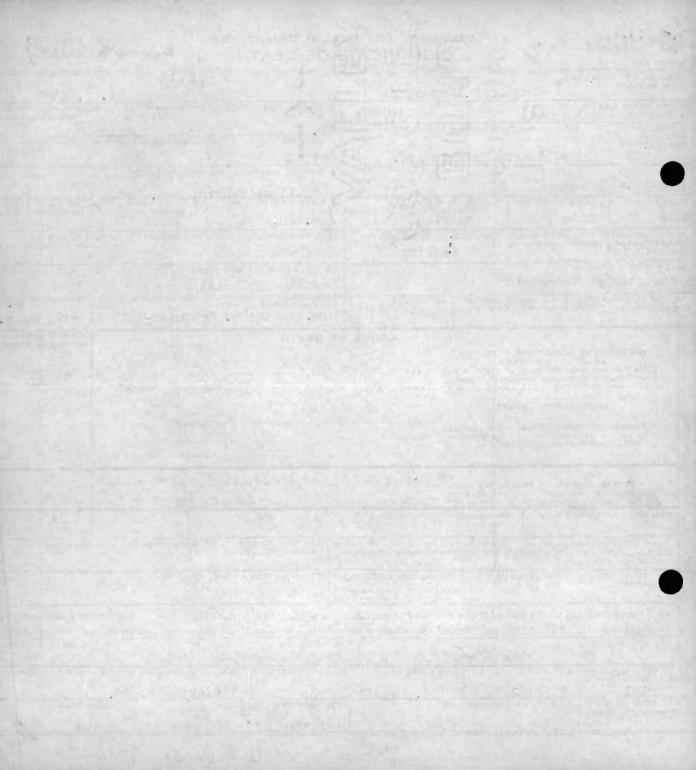
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Nov. 2. 1952 FRED W. HIPPLER (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write LUCAL and give INSTITUTION township) Franklin Square Hosp. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 2202 Bryant Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Oct. 15, 1882 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Sporting Goods Salesclerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hippler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 2202 Bryant Ave. Mrs. Madeline Hippler-NTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 5 Cardin Vadentan dig (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY AT WORE WORK , 194/ to\_ 22. I hereby certify that Lattended the deceased from\_ Am , 195 that I last saw the deceased alive on Cox18, 1952, and that death socurred at 8 Im., from the causes and on the date stated above. 23A. SIGNATURE lussman 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 2/48. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore. Md. Burial Western Cem. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATORE LOCAL REGISTRAR





327/1906	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 10106							
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0				
1. NAME OF DECEASED (Type or Print) Char	les F. Hemmeter		2. DATE OF DEATH NOV.	2, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived. If in B. COUNTY	nstitution : residence before admission				
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	tal or institution, give street address or location)  by Heights Ave.	Md.						
2024 FIGER	y neights Ave.	D. STREET ADDRESS (If rural, gi e location)						
c. Length of stay in Baltimore	Mos. Days							
5. SEX   6. COLOR OF RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Inder 1 Year   If Under 24 Hours				
male white	WIDOWED DIVORCED (Specify) married	Jan. 24, 1882	last birthday) Mon	ths Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (rtd)	108. KIND OF BUSINESS OR Banking	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTR						
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
Christopher Hemmeter		Caroline Weismiller						
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	Mrs. Agathe S. Hemmeter-3629 Liberty Hgts							
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON.								
TO THE DISEASE OR CONDITION CAUSING IT. Chance fout - Questige activissely								
19A. DATE OF OPERATION 1  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	98. MAJOR FINDINGS OF OPER	ATTON		20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.)  21B. PLACE OF INJURY (e.g., in or layer of location)  21C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?								
p. TIME (Month) (Day) (Year)	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE AT WORK								
22. I hereby certify that I attended the deceased from June 1989 to 2, 1963 that I last saw th								
deceased alive on 2	deceased alive on 2, 1952, and that death occurred at 810 km, from the causes and on the date stated above							
23K. SIGNATURE				e aate statea above				
Jonal P. M.	atolian 12	3B. ADDRESS	Helit	23c DATE SIGNED				
24A. BYRIAL, CREMA- 24B. DATE	atchar M. D. 24C. NAME OF CEMETE	3623 deberte	LOCATION (City, town, 6	230 DATE SIGNED				
24A. BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify) Burial 11/5/52	atchar M.D.	RY OR CREMATORY 240.	LOCATION (City, town, 6)	230 DATE SIGNED				

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## BALTIMORE CITY HEALTH DEPARTMENT 52 40107

	F. TOTAL	3.1		CERTIFICATI	E OF DEATH	Registered	No:		
	NAME OF I	DECEASED				1 2. DATE			
(Type or Print) . SUSAN M. ADAMS					OF	ember 3.	1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE	Where deceased lived.	f institution: r		
B. FULL NAME OF ''f not in hospital or institution, give street address or HOSPITAL OR location)					If outside corporate line	its, write RUR	L and give township)		
_	3-0	946 Ashland	Court	Yrs.	Baltimor				
	ength of	stay in Baltimore		Mos. Days	946 Ash]	and Court			
Female White Single MARRIED.  Single Specify)				8. DATE OF BIRTH Nov. 17, 1860	9. AGE (In years last birthday)		Under 24 Hours Tours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEI WHAT	OF COUNTRY	
13	hat mak		Hat M	πŘ•	Maryland 14. MOTHER'S MAIDEN	NAME			
		W. Adams			Sarah Hancock	NAME			
15	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT ADDRESS				
(Ye	no or unknown	(If yes, give war or date	of service)	none security No.	Mrs. Lois Lucas				
RTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  (C)  OTHER SIGNIFICANT CONDITIONS CON-								
ERT	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	ED					
O			4.44	FINDINGS OF OPER	ATION		20. AU	TOPSY?	
EDICAL	The state of Multiple And Multiple Dip (M.) Divide the state of the st								
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED WHILE AT WORK AT WORK									
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon a Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day states and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined ASSISTANT MEDICAL EXAMINER									
24 TIC	A. BURIAL. DN REMOVAL (I BURIAL	CREMA- 24B. DATE Specify) 11/ 6/5	2	NAME OF CEMETE Mt. Olivet		Balto, Md.	NOV. 4.	(State)	
	NOV 5-		SIGNATU	Williams M	25 FANERAL DIRECT	chuce	ADDRESS ADDRESS	N/	
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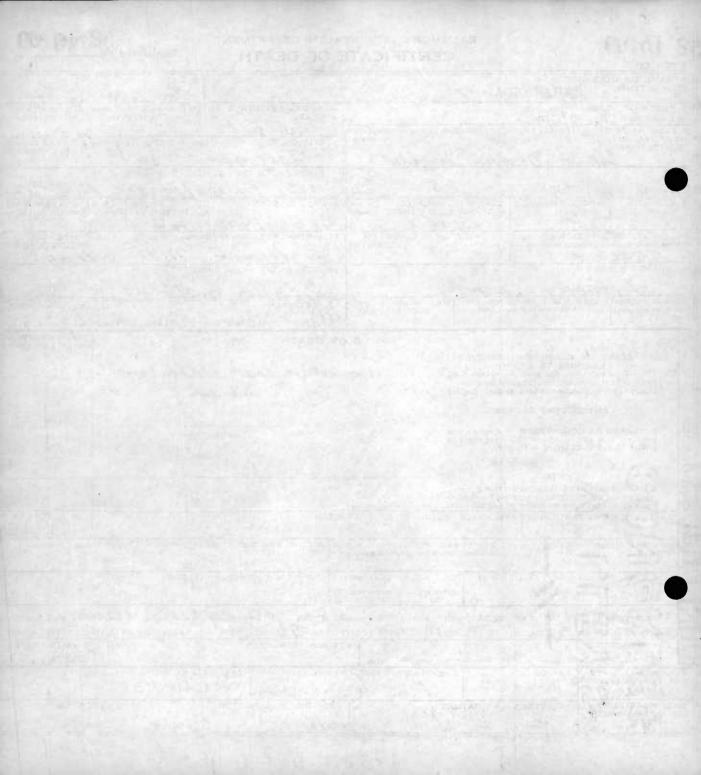
L U B	7 4 5 52 1010	18	BA	LTIMORE CITY HE			Registere	5 <u>2 10</u>	108	
1.	NAME OF DE	rs		2. DATE OF DEATH	ov. 1, 1	L952				
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)					
HOSPITAL OR location) 4311 Willshire Ave.										
c. Length of stay in Baltimore  Yrs.  Mos. Days					D. STREET ADDRESS (If rural, give location) 4311 Willshire Ave.					
female   6.COLOR OR RACE   7.SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   Widowed   Widowed				July 22, 18		9. AGE (In years last hirthday)	II Under 1 Year Months Days	H Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife at home INDUSTRY			11. BIRTHPLACE (State or foreign country)  Virginia  12. CITIZEN C WHAT CO							
13. FATHER'S NAME Morris				14. MOTHER'S MAIDEN NAME Dorothy Seates						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.					Mrs. Ernest Weaver-1311 Willshire Ave.					
ERTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED									
AL C	19A. DATE OF	ATION				AUTOPSY?				
1EDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING   about home, farm, factory, atreet, office bldg., etc.)   INJURY OCCUR?									
Σ	D. TIME (MINJURY	ionth) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	OT WHILE					
	22. I hereby certify that I attended the deceased from									
24 TIC	24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)									
D	ATE RECEIVED DCAL REGISTRA	BY   REGISTRAR	SIGNATU	IREA CALL	25. FUNERAL DIR		ckner	ADDRES.	s	
vs 150 10 10 10 watto 17, Md.										

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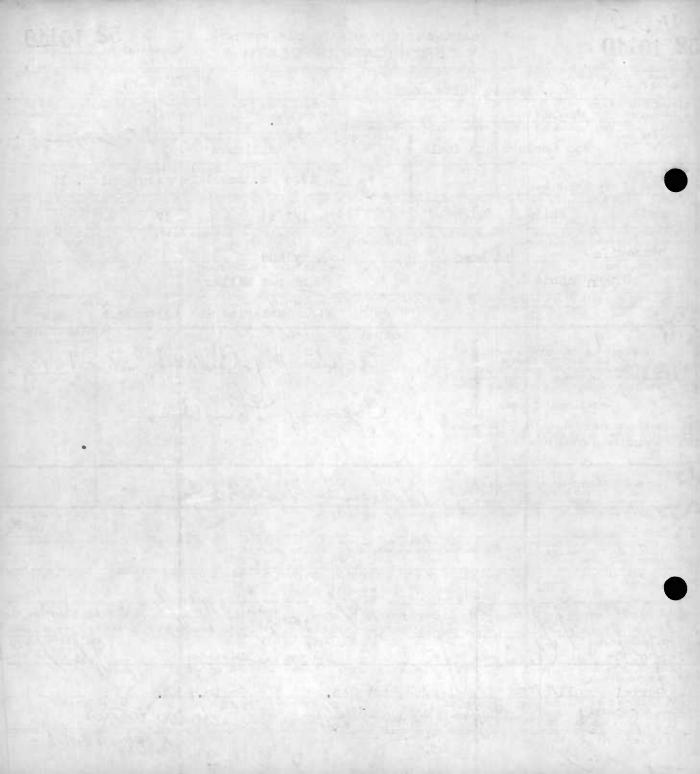
52 10109

2 10109 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) REULAH OTGA	7	T

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print) BEULAH OLGA	Timmons		2. DATE OF DEATH A NO	sv 1652
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		nstitution : residence before admission
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If	2 100	write RURAL and giv
Union Memoria	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	n #
	Days INGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   H	Index 1 Year If Under 24 Hours
Fu	SINGIL (Specify)	7 JAN 1906	46	ths Days Huurs Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Baltimore	Md.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		401.
J. Harvey Tim	mons	Beulah 6	rothaus.	01
15. WAS DECEASED EVER IN V, S. ARMED FORC (Yea, no or unknown) (If yes, give war or dates of serv	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT Harves	Timmon	DRESS Strung
(This does not mean the mode of dyir heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT. UNDERLYING CONDITION LAST.	death.) DUE TO	enslized abdomin (oriĝin unkao	wu)	
E 11	(C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS	RELATED			•
	AJOR FINDINGS OF OPER	ATION	-4-1-1-1	20. AUTOPSY?
	B. PLACE OF INJURY (e. g., i t home, farm, factory, street, office bldg.,		f in Baltimore City, gi	YES NO ve exact location)
FID. TIME (Month) (Day) (Year) (Hour	r) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended deceased alive on 4 Nov 192	d the deceased from	3 Sept , 1952 to 9	he causes and on the	
Los. as. Mor	2 2 2	3B. ADDRESS		Mouy 1952
24A BURIAL, CREMA- TION, REMOVAL (Specify)	Lak Jan	// / // //	acto Co.	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	28 FUNERAL DIRECTOR	ide V J	ADDRESS



Registered No. 10110 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 11/5/52 Mrs. Bessie Kaltenbach 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write HUIAL INSTITUTION Bon Secours Hospital Baltimore D. STREET ADDRESS (If rural, give location)
1936 Mt. Royal Terrace Yrs. Mos. Balto. 17 ngth of stay in Baltimore Davs 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Female IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Schott Margaret Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Miss Catherine Ann Kaltenbach Same INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT 195 that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 250 deceased alive on from the causes and on the date stated above. 28A SIGNATURE 23B. ADDRESS 23c. PATE STONED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 11/8/52 oudon Park Cem. Balto. DATE RECEIVED BY 25 FONERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS VS 150



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2 101012 2 2 3408 CERTIFICATE	
1. NAME OF DECEASED WILL (ROLD)	2. DATE OF 0F DEATH 0/2/52
a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
HOSPITAL OR JOCATION JOCATION	C. CITX OR TOWN (If outside corporate limit, write HURAL and give
Yrs. Mos.	D. STREET ADDRESS (If rugal, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II Under I Year   If Under 24 Hours
F Colora WIDOWED DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yee, no or nuhnown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
, ozomi ne.	
18. 776 X CAUSE CONDITION DIRECTLY	OF DEATH ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	madundn
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or   21c. WHERE DID (If in Baltimore City, give exact location) to.) INJURY OCCUR?
CAUSE OF DEATH  ID. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRE	ED   21F. HOW DID INJURY OCCUR?
TINJURY (Sas) (Teal) (Tout)  WHILE AT WORK AT WORK AT WORK	I A A
22. I hereby certify that I attended the deceased from O	
deceased alive on 10/3, 19 5, and that death occur	red at 3 7 Am., from the causes and on the date stated above.
M.D.	Dultimore Ind 16/11/52
TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  Hutunton Villaura M.	25. FUNERAL DIRECTOR ADDRESS
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## BALTIMORE CITY HEALTH DEPARTMENT

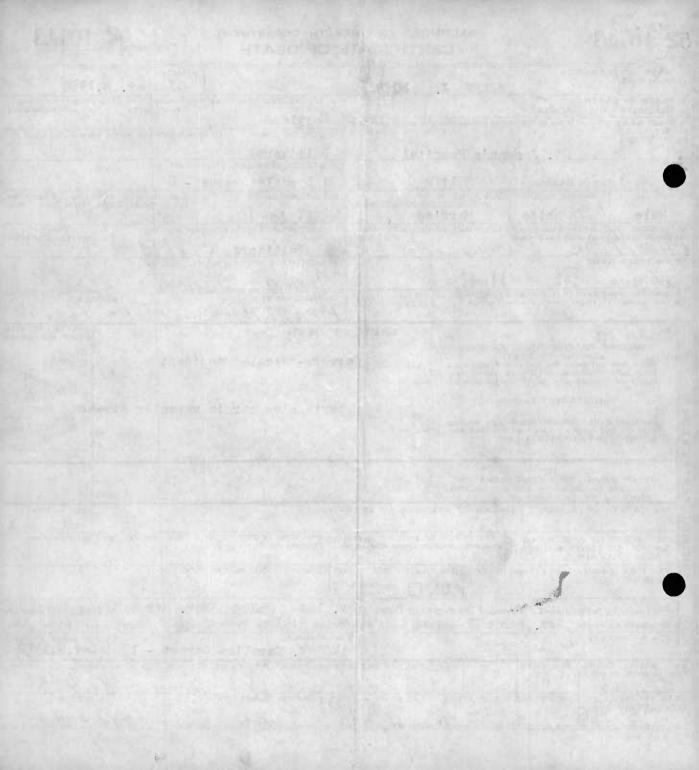
Registered No. 10112 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) before admission) location) (If outside corporate limits, write RURAL and give ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 16. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | Munder 1 Year | Munder 24 Hours last birthday) | Months: Days | Hours | Min. If Under 24 Hours WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) WHAT COUNTRY retired - Sheet rermany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT HOSMIAL recordadDRESS (Yes, no or uokoown) SECURITY NO. an Hospital, 730 Ashbur CAUSE OF DEATH ONSET AND DEATH decompensation DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO intestinal obstruction ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. intraabdominal carcinomatosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., io or HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from Norther 2, 1952 to November 3, 1952 that I last saw the deceased gline on Norther 31952, and that death occurred at 105 cm, from the causes and on the date stated above deceased alive on November 319 52, and that death occurred at\_ pn., from the causes and on the date stated above. 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county cumous 25 FUNERAL)DIRECTOR DATE RECEIVED BY L REGISTRAR'S SIGNATURE ADDRESS

The second secon

52 10113
BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH A. Baltimore City,
9 FILL NAME OF

Water .	1000							
5	2 101:	13				OF DEATH	Registered N	10143
В	IRTH NO.			CERTIFIC	AIL	OF DEATH	negistered 1	
	NAME OF D	DECEASED					2. DATE OF W	
_			HENRY	J. MOHB			DEATH NOT.	
	Baltimore	City, Maryland				4. USUAL RESIDENCE (Whe	re deceased lived. If B. COUNTY	institution : residence before admission
	FULL NAME	OF (If not in hospi	tal or instituti	on, give street add	4. 1.	Maryland c. CITY OR TOWN (If ou	Bat	Congres
IN	ISTITUTION	04. *					iside corporate iimit	s, write RURAL and giv township
14		St. Jos	eph's He	spital	Yrs.	D. STREET ADDRESS (If rus	al, give location)	
6	ength of s	stay in Baltimore	1	life	Mos. Days	1 Lyndale Avenue		6300
5.	SEX	6. COLOR OR RACE		, MARRIED.	8		. AGE (in years	Under I Year   If Under 24 Hours
	Male	White	0.0	ED, DIVORCED :	(Specify)	Sent. 10-1902	last birthday) Mo	nths Days Hours Min
10	A. USUAL OC	CUPATION (Givekinde	I IOB. KIND	OF BUSINESS	OR I	11. BIRTHPLACE (State or fore	gn eountry)	12. CITIZEN OF
WOT	done during most	of working life, even if retired	11		USTRY	Politimana C	MI	WHAT COUNTRY
13	FATHER'S	NAME	CONT	CACLOR	1	Baltimore Co	F - / / U	
-	JAMPS	. R.	MaH	S CM124		ANNA H	DET	
15	. WAS DECEAS	ED EVER IN U. S. ARME		16. SOCIAL		17. INFORMANT	-7/C/	DDRESS
(10	s, no or naknowa)	(If yes, give war or date	es ot service)	SECURITY	NO.	MRS. THERES	4.4	1-Lyndole
	18. 442	X		CAI	USE O	F DEATH	, , , , , , , ,	INTERVAL BETWEE
	1 1 "	SE OR CONDITION	DIRECTLY					ONSET AND DEATH
	(This does	LEADING TO DEA	TH of dving, e.g	(A)	Cer	ebro-vascular acc	ident	G Walled S To S
	heart failt	re, asthenia, etc. It mer complication which	ans the disease		***************************************		***************************************	******
	,			, 502 10				
7		ANTECEDENT CAU	SES	(8)	Hyp	ertensive cardio	vascular di	sease
ERTIFICATION	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G			***************************************	***************************************
ΑT	UNDERL	YING CONDITION L	AST.					
2				(C)		***************************************		******
Ē	OTUED	II SIGNIFICANT COND	ITIONS con					
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
U		OF OPERATION		FINDINGS OF	OPERAT	TION		20. AUTOPSY?
DICAL		0			0. 2			YES NO X
일		ENT WAS UNDER-	218. PLA	CE OF INJURY	(e. g., in o	21c. WHERE DID (If i	n Baltimore City, g	give exact location)
ш	CAUSE OF	R CONTRIBUTING DEATH	about nome, to	arm, factory, street, offi	ce bidg., etc.	.) INJURY OCCUR?		
Σ	2 1D. TIME F INJURY	(Month) (Day) (Year	(Hour)	TE. INJURY OC	CURRED	21F. HOW DID INJURY C	CCUR?	
	INJURY		m. v		WORK			
	22. I hereb	y certify that I at	tended the			. 1st .1952 to No	v. 4th 19 5	that I last saw th
	deceased a	live on Nov. 4	th19 52	and that death	occurre	ed at 9:43pm., from the	causes and on th	e date stated above
	23A. SIGNA	TURE A A	omo P		238	B. ADDRESS		23c. DATE SIGNED
					D.	400 N. Caroline St		Nev.4,1952
TIC	N. BEMOVAL	Specify)	2	4c. NAME OF CE	EMETERY	Y OR CREMATORY 240-00C	ATION (City, town,	or eounty) (State)
	Dure	118	52	Vark	wood		celo	ma
L	ATE RECEIVE	RAR REGISTRAR	'S SIGNATU	RE	3	5. FUNERAL DIRECTOR		ADDRESS OF
	MOV 5-	1334 -	water	Milianus.	MOK	. J. Kuck 5	305 No	Word Fd

683-246



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

istered No. 10144

BRTH 1010A	CERTIFICATI	OF DEATH	Register	ed No.	
NAME OF DECEASED Type or Print) Benjan	in Oliver Casw	11	2. DATE OF DEATH N	ov. 2-1952	
B. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	E (Where deccased live B. COUNT)	d. If institution : residence before admission)	
S. FULL NAME OF (If not in hospital or institution in the second in the	ution, give street address or location)	c. CITY OR TOWN Baltim	(If outside corporate	rmits, vrid KURAL and give township)	
Ength of stay in Baltimore	Yrs. Mos. Days	4006 R	(If rural, give location		
WIDO	LE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 9-1878	9. AGE (In year last birthday)	Months Days Hours Min.	
ork dane during most af working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY	
3. FATHER'S NAME Robert George C		14. MOTHER'S MAIDE Georgia Anna 1			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (os, nn or nnknown) (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO.	17. INFORMA Balt: Records: 4940	more City We	ADDRESS Spitals	
(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disc injury or complication which eaused des ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVERISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B) Post	-Operative -	Gangrene of t	ihe	
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	IT.				
Oct. 17-1952 / Carcin	or findings of oper oma of Stomach LACE OF INJURY (e.g., in	and Esophaeus	(If in Reltimore C	20. AUTOPSY? YES NO ( ity, give exact location)	
LYING OR CONTRIBUTING about han	ne, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?		in, give cauci iocanon,	
ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deccased alive on 11-2-, 19 52	_, and that death occur	7 1952, to red at 9 Pm., fr 38. ADDRESS		9.52 that I last saw then the date stated above	
1 Je April V	M. D. 4	940 Eastern Av	e. Balto. Md.		
244. DURIAL, CREMA- TION REMOVAL (Specify)  DULLA  DATE RECEIVED BY   REGISTRAR'S SIGNA	PARKNO	10	BALTO	Md /ADDRESS	

The same entropy displain Linear the Attention ACT I'M SERVICE OF THE RESIDENCE OF THE SERVICE OF Type of the second second second Minister of the Control of the Contr 

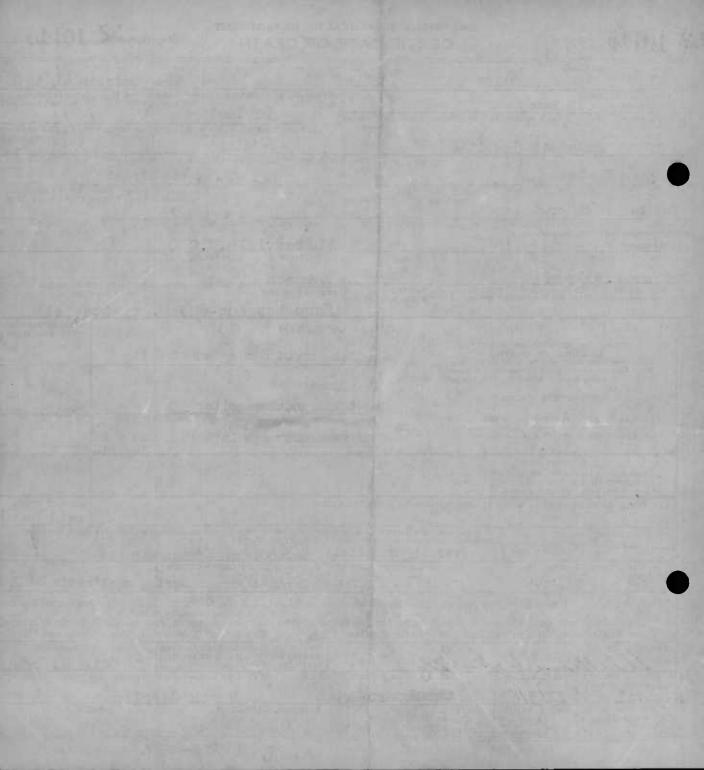
BIRTH NO.

1. NAME OF DECE

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10145

1. NAME OF DECEASED		2. DATE	
(Type or Print) BEAT	RICE LESSAN	E DEATH Oct	ober 30, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before admission
B. FULL NAME OF 'f not in hospita			Control of the second
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate lim	its, write RUPAL and give township
University H	ospital	Baltimore	township
	Yrs.	D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore	Mos. Days	625 W. Fayette Stree	t
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under I Year If Under 24 Hours Ionths: Days Hours: Min.
Female Colored	11	26	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Whitesville.N.C	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Booker T. Wilson		Thersea ?	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or date)	FORCES? 16. SOCIAL sof service) SECURITY NO.		ADDRESS
(10), 20 01 2222042)	SECORITI NO.	Nero Lessane-625 W. Fave	ette St
18. F 954X and 2	51X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION		OF BEATH	ONSET AND DEATH
LEADING TO DEAT	TH Condi	ac arrest during anesthesia	
(This does not mean the mode of heart failure, asthenia, etc. It mea	ins the disease,		***************************************
injury or complication which c	caused death.) NOEXTO		
ANTECEDENT CAUS	SES Non to	oxic nodular goiter	
Z DISEASES OR CONDITIONS, II	(13)	OXIC HOURIGI SOLDEI	
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE MOERO	- harmondone into minh labo	
A STATE OF THE STA	(c) Massi	ve hemorrhage into right lobe	
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT			
OTHER SIGNIFICANT CONDI			
LI TO THE DISEASE OR CONDITION			
	9B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS			YES X NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (c. g., in about home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?	3 11
UTING   CAUSE OF DEATH.	University Hospita		ts 4/2
2 21D. TIME (Month) (Day) (Year)			
October 28, 1952	m. WHILE AT NOT WHILE	X   Cardiac arrest during an	esthesia
22. I certify that I took char	ge of the remains described a	bove, held an Autopsy	thereon and from
193 3 373 11 15		Autopsy, Inspection or Inquiry inquiry, find that said deceased died on t	
		$\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ ,	
23A. SIGNATURE	1/10		3c. DATE SIGNED
U/ellian V	MANUEL M	D. MEDICAL INVESTIGATOR	Oct. 31, 1952
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. WAME OF CEMETE		
Bemoval II/5/5	2 Chadbourn le	North Carolin	າລ
DATE RECEIVED BY   REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAN	ington Villacos, M.	Isatah & Byoun	the 11
VS 151 N 999 2	0	108 Out Drontgom	eng St



. !	534		BAI	TIMORE CITY HI	EALTH DEPART	MENT	59 10140	
5/2 BI	2 101d	62-02	825	CERTIFICAT		H Regi	istered \$2 101d6	_
	NAME OF DE	Raymo	nd Eu	gene Wan	tland	2. DATE OF DEATH	Nov 5, 1952	
A.		ity, Maryland		~	4. USUAL RESIDE		ed lived. If institution: residence DUNTY before admissio	n)
HC	FULL NAME ( SPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN	(If outside corp	orate limits, write kUIAL and gi	
4	Uni			tospital Yrs.		more -/8	7	P)
		ay in Baltimore	hs 2 di	Mos. Days	706 E.	30Th St.		
ອ.	M	6. COLOR OR RAC	WIDOW	E, MARRIED, (ED, DIVORCED (Specify)	Feb. 3, 19	lest hirt	n years   Mudder   Year   Mudder 24 Hours   Minday)   Months Days   Hours   Minday   American   Minday   Minday	n.
10. work	A. USUAL OCC done during most of	CUPATION (Give kind working life, even if retire	lof 10B, KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country land.	12. CITIZEN OF WHAT COUNTR	Y ?
13	FATHER'S N			11	14. MOTHER'S MA			
15	WAS DECEASE	D EVER IN U. S. ARM		1 16. SOCIAL		Inn Nicol		_
(Yes	, no or unknown)	(If yee, give war or d	ates of service)	SECURITY NO.	ALBERT E. WA	ANTLAND, 7	OG EAST 30TH S	7.
	(This does heart failu injury or	E OR CONDITIO LEADING TO DE not mean the mod re, asthenia, etc. It n complication which	EATH e of dying, e. neans the diseas caused death	E., (A)	y dro cep ha	lus	9 mo. 2 day	
ERTIFICATION	RISE TO TE	OR CONDITIONS HE ABOVE CAUSE ( TING CONDITION	A) STATING T					
		11						
CER	TRIBUTING	IGNIFICANT CON TO THE DEATH, BI SEASE DR CONDITI	JT NDT RELAT	ŁD .				
		F OPERATION O	198. MAJOR		RATION		20. AUTOPSY?	7
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg			ore City, give exact location)	=
Z	ID. TIME (	Month) (Day) (Ye		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
	22. I hereby	y certify that I	attended the	deceased from J.	ly 30 , 195	1, to Nov. 5	, 1953 that I last saw t	he
	dcceased al	ive on Nov 5	<u>, 1952,</u>	and that death occu	29 ADDDECC		and on the date stated about 23c. DATE SIGNE	
	23A, SIGNAI	Efred & Os	suran. J	м. р.	2800 E. Chas	& St. Butto.	13 mg. 11-5-52	
24 TIC	N. REMOVAL	REMA- 24B. DATE		ST. MARY'S	HAW A DE A	BACT, MOR	City, town, or county) (State	)
D	ATE RECEIVED	BY   REGISTRA			25. FUNERAL DIR	ECTOR	ADDRESS	
-N	OV 5 - 19	152 Hant	naton 1	M: 45	Wm. Cook, IN	c. 12/7 57	T. PAUL STREET	
===	VS 150		0	, ,		0.0		
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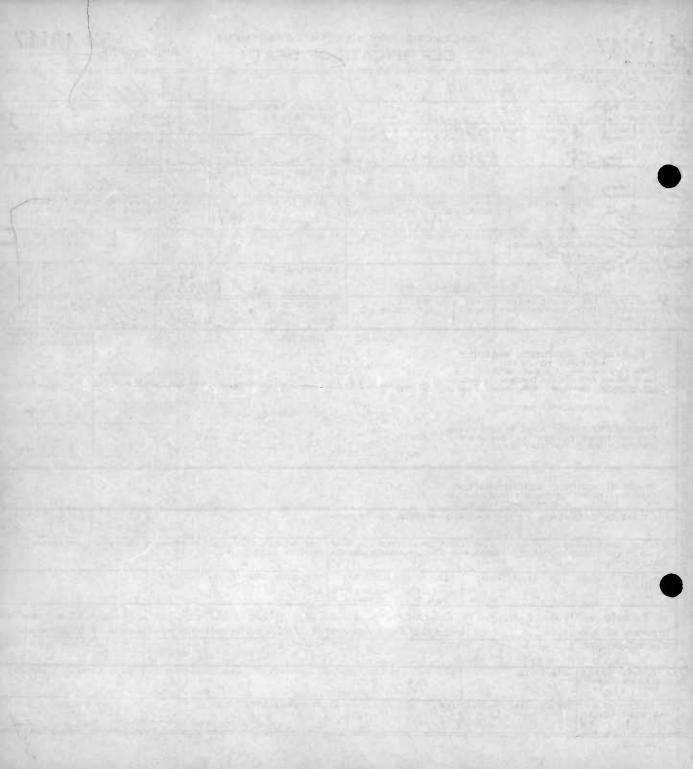
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### BALTIMORE CITY HEALTH DEPARTMENT

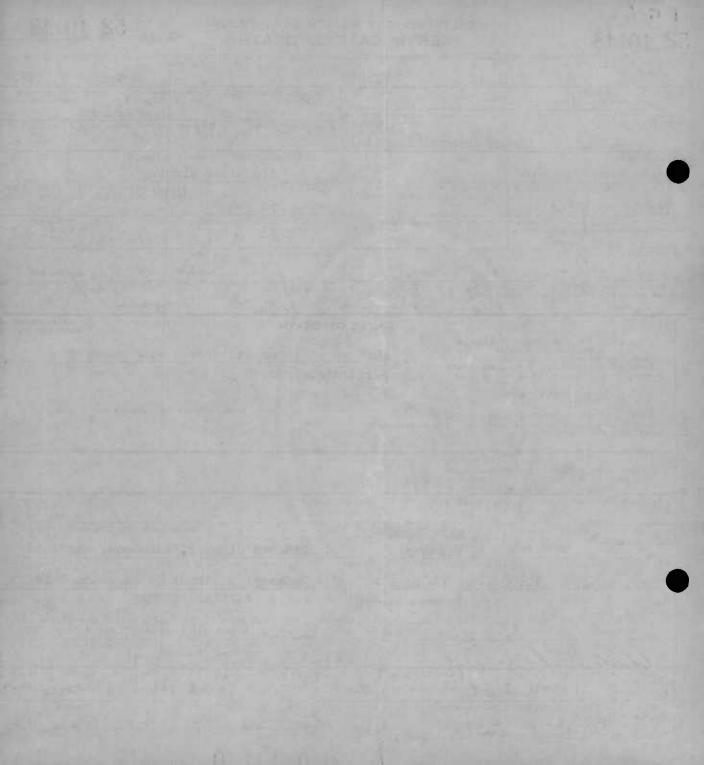
Registered No. 2 101d7

DI.	RTH NO.	CERT	IFICATE	OF DEATH	, Lingstered II		
	NAME OF DECEASED		•		12. DATE		
	rpe or Print)	+RAH.S	MIT	h	OF NOU	5 /952	
A.	PLACE OF DEATH: Baltimore City, Maryland	ALTIMO.	1510 A	STATE	(Where deceased lived. If i	nstitution: residence hefore admission)	
HC	FULL NAME OF (If not in hospital or 2803	or institution, give st	3 (focation)	CITY OR TOON	(If outside corporate limits		
10	GARRISON	NUPSING		Lintle	ieur 5	township)	
c.	Length of stay in Baltimore	4	Yrs. Mos. Days	367	(If jural, give location)	Road	
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIE WIDOWED, DIVO		Dua No 18		Under 1 Year If Under 24 Hours this Days Hours Min.	
10. work	A. USUAL OCCUPATION (Givekind of doneduring most of working life, or in ifretired)	10B. KIND OF BUS	INESS OR 1	1. BIRT PLACE State of	or, foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S NAME	Canne	nu	4. MOTHER'S MAIDEN	Batter ield		
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED , no or unknown) (If yee, give war or dates	FORCES? 16. SOC SEC	URITY NO.	7. INFORMANT	nichola 307	ERESPERO	
	18. 334X		CAUSE OF	DEATH	good of me	INTERVAL BETWEEN	
	DISEASE OR CONDITION DEATH	DIRECTLY	The Later	+		a th	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
Z	DISEASES OR CONDITIONS, IF	ANY, GIVING	, M				
CATION	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS		Uluh	, Matatan	Bent	1 Hour	
ERTIF	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	NOT RELATED					
AL C		B. MAJOR FINDING	GS OF OPERAT	ION		20. AUTOPSY?	
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF 11 about home, farm, factory,			(If in Baltimore City, g	ive exact location)	
Σ	(D. TIME (Month) (Day) (Year) INJURY	(Hour) 21E. INJU	NOT WHILE	21F. HOW DID INJ	URY OCCUR?		
	22. I hereby certify that I atte		^ -	3 1912 to	m 5, 191	that I last saw the	
	deceased alive on A	, 19 1 and that		ed at 10 m., from	m the causes and on th	e date stated above.	
	23A SIGNATURE	FART		2 /2 + S+	and At	23c. DATE SIGNED	
24	A. PURIAL, CREMA- 248. DATE ON, HEMOVAL (Sageify)	24c. NAN	M. D. ME OF CEMETERY	OR CREMATORY 24	LOCATION (City, town,	or county) (State)	
	Burea /	1952	) Pulm		fentow, he	d.	
L	ATE RECEIVED BY REGISTRAR'S	S SIGNATURE	110	5. FUNERAL DIRECTO	come son T	Danton land.	



# CERTIFICATE OF DEATH Registered No. 10148

BRTH-NO!	
1. NAME OF DECEASED (Type or Print) DIVITE LIADNED	2. DATE OF Normhon / 1050
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution : residence
B. FULL NAME OF Sont in hospital or institution, give street address or	A. STATE B. COUNTY before admission Maryland Anne Arundel
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and g
South Baltimore General Hospital	townsh
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos.	419 Crane Highway
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Ho
Female White WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Mi
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for aign country)   12. CITIZEN OF
work done during most at working life, even if retired) INDUSTRY	WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Matter L. Warner	Blanch & 11600 w
15. WAS DECEASED EVER IN U. S. ARMED FORCES 1 16. SOCIAL	17 INFORMANIE
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
you . Mone	Watte Vaguer
18. E 8/2, 4, CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A) Ruptur	e of liver and spleen with massive
heart failure, asthenia etc. It means the disease	neal hemorrhage
	1.002 1.000
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY
	YES X NO
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in	
UTING CAUSE OF DEATH.  Highway	Ritchie Highway, Pasadena, Maryland
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	
Nov. 4, 1952 10:00 A.m. WHILE AT NOT WHILE	x Pedestrian struck by an automobile
22. I certify that I took charge of the remains described at	bove, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or In	nquiry, find that said deceased died on the day stated about
	$\square$ , aecident $X$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER
	D. MEDICAL INVESTIGATOR
TIOM/REMOVAL (Specify)	RY OR REMATORY 24D. LOCATION (City, town, or county) (State
The will sor meade	I work Hard Bath to m
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 NUNERAL DIRECTOR ADDRESS
NOV 5-195) It 4: + Mili	Bund ti she Bu into
Vicania Marington Milliams My	1 may 1 may
VS 151 N 864. 2	10110



B1	BIRTH NO.  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No.  Registered No.							
	NAME OF D ype or Print)	Walter Ford	ney			OF DEATH		
A.		City, Maryland			4. USUAL RESIDENCE (W)		itution : residence before admission)	
HC	B. FULL NAME OF HOSPITAL OR BALTIMOTE City Hospital coation) NSTITUTION 4940 Rastern Ave.					outside corporate limits, w	rite RURAL and give township)	
c.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	o. STREET ADDRESS (If r		53	
	ile	6. COLOR OR RACE	WIDOY	E. MARRIED. YED, DIVORCED (Specify)	Mar 1881	9. AGE (In years li lind last birthday) Month	li Vear li Under 24 Hours Days Hours Min.	
10. work	A. USUAL OC dooe during most	CUPATION (Give kiod of of working life, even if retired),	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	Charls	Lu	dney	14. MOTHER'S MAIDEN NA	ME Stabell	nd	
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records	1000	RESS ATO.	
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						1 hr.	
CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED				
	19A. DATE C	OF OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
MEDICAL		PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office hidg.,		in Baltimore City, give		
2	10. TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?		
	22. I hereb		ended the	deceased from 11-	19, 19, to 11_ rred at 7.05Pm., from th			
	23A, SIGNA				4940 Eastern A		11-4-52	
TIC	A. BURIAL.  DN. BEMOVAL (S  ATE RECEIVE  CAL REGIST  VS 150	D BY   REGISTRAR	S SIGNATI	24c. NAME OF CEMETE Nalena	RY OR CREMATORY 240. LO  25. FUNERAL DIRECTOR  White I was a second of the control of the contro	Sallo Al  Al  Al  Al  Al  Al  Al  Al  Al	DDRESS	

7-1107 - 110 Children to the second of Sect of contrast of the The state of the state of seement to though truste at last The state . . TO LOCAL TO BE A STATE OF THE S · Victorian Stratege A a feet the second second

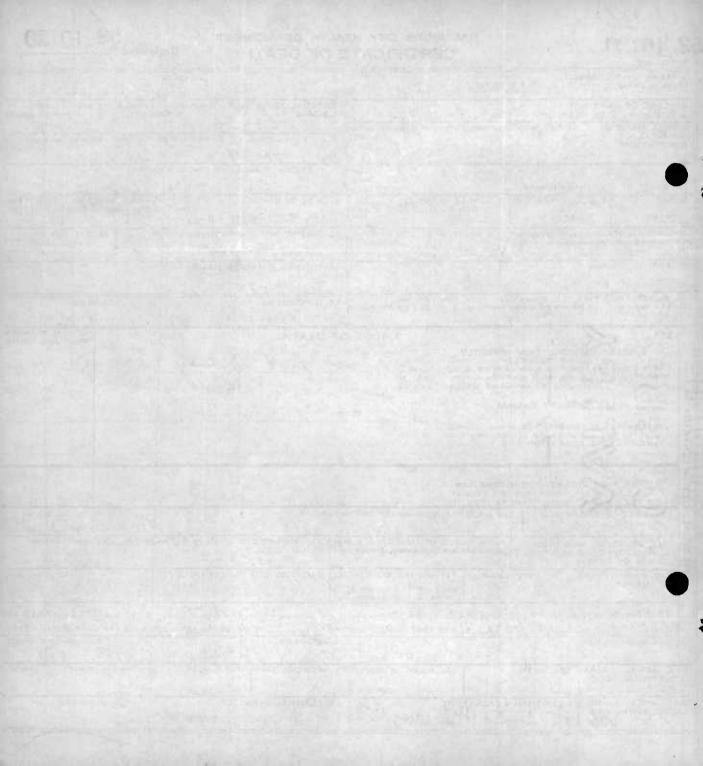
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## BALTIMORE CITY HEALTH DEPARTMENT

59 40100

2 10130	CERTIFICAT	E OF DEATH	Registered No.	LULEGU		
BIRTH NO.	OLIVINI IOAT	L OI DLAIII				
1. NAME OF DECEASED (Type or Print) VINCENZO	GALOSI		2. DATE OF DEATH NOV.3,	1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3711 .		4. USUAL RESIDENCE (W				
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION	itution, give street address or location)		outside corporate limits, w	rite Roll A is and give township)		
	O yrs. Yrs. Mos.	D. STREET ADDRESS (If				
5. SEX   6. COLOR OR RACE   7. SING	Days GLE, MARRIED.	8. DATE OF BIRTH	9 ACE (In years) If finds	er 1 Yaar   If Under 24 Hours		
Male White Sin	owed, DIVORCED (Specify)	Jan. 22, 1896	last birthday)   Month 56	Bays Hours Min.		
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	. CITIZEN OF WHAT COUNTRY?		
Press operator   Fnam	el stamping.	Italy		WIAI COOKINI		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
Nagarene Galosi		Aggelena ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	ADDI	RESS		
No.	SECURITY NO.	Nicholas Vallerar	i 361 S. Bonse	1 S+ 94		
LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused do ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RELETED TO THE DISEASE OR CONDITION CAUSING	(G)	of of kid satain to the bably Ca.	et spire	July 19 to Nov. 3-1952		
	OR FINDINGS OF OPER	RATION		20. AUTOPSY?		
CA				YES NO		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about ho CAUSE OF DEATH	PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg.,	in or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City, give	exact location)		
1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
F INJURY  MHILE AT NOT WHILE AT WORK  AT WORK						
22. I hereby certify that I attended t		19, to	77 ], 16 t	hat I last saw the		
	and that death occur		he causes and on the c			
23A. SIGNATURE	wyshop. D.	DOM MAN	un (1/4/1)	3c. DATE SIGNED		
24a. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 245. LO	CATION (City, town, or	county) (State)		
Burial 11/6/52	Holy Redeen		altimore. Md.			
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL BEGISTRAN	WHICH M.P.	25. FUNERAL DIRECTOR Ullrich Funeral H	AI	DDRESS ns St		

9 5 6 8° 3 P 0 1 1 2



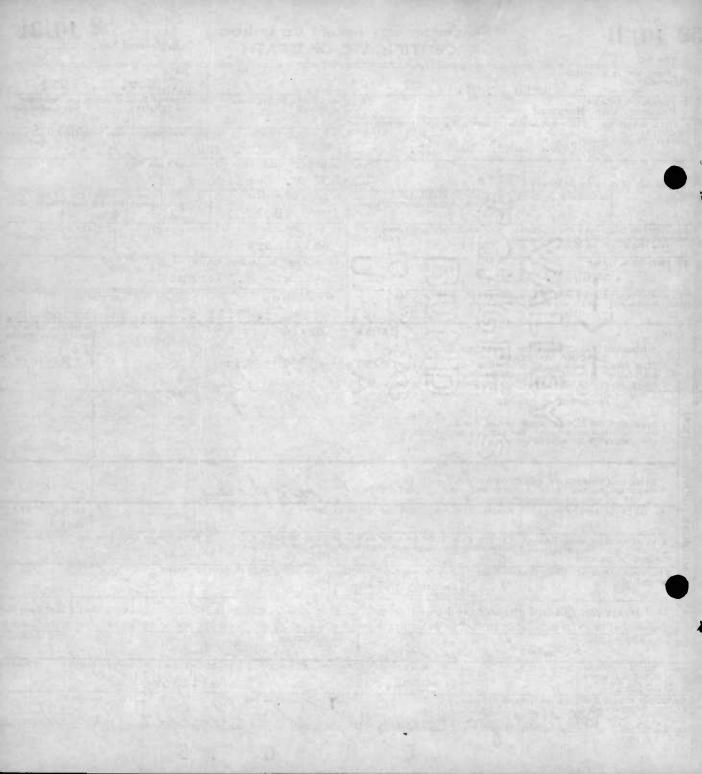
### BALTIMORE CITY HEALTH DEPARTMENT

52 10121

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH NOV. 3, 1952 Annie E. Gill 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUKAL and INSTITUTION 504 S. Smallwood St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos ength of stay in Baltimore Life 504 S. Smallwood St. Davs 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year 5. SEX 7. SINGLE, MARRIED. last birthday) | Months: Days | Hours : Min. WIDOWED DIVORCED (Specify) June 28,1901 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR work denie during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Home Baltimore 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James S. Chanev Annie R. Gorsuch 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) no Howard E. Gill 504 S. Smallwood St. no none INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL 21c, WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) F INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE ATT WORK , 19 , to love 3 . 19(2 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on Nov. 2, 1952, and that death occurred at 2 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Loudon Park Baltimore Burial FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR



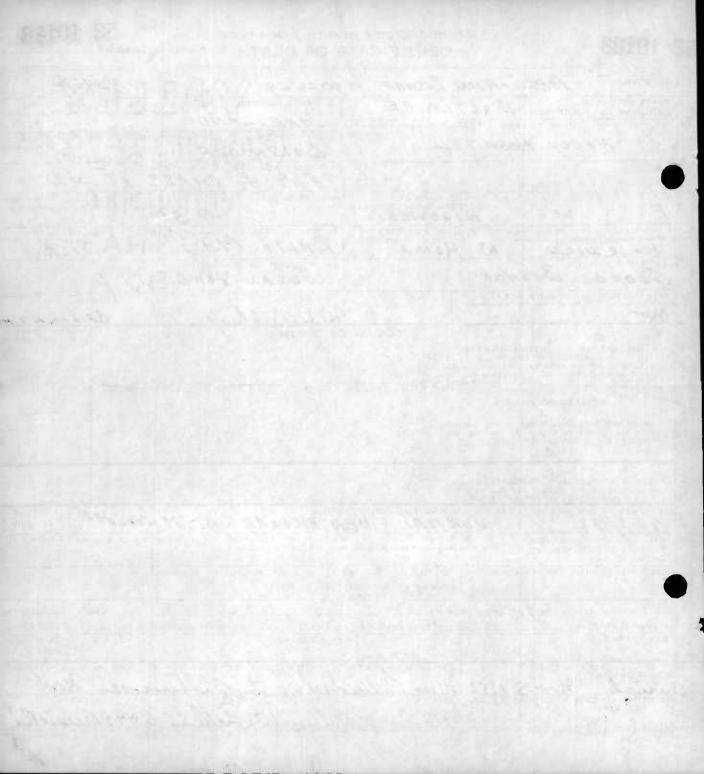
R-453 Registered No. 10132 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 52 10132 1. NAME OF DECEASED (Type or Print) 2. DATE OF James Woodal Ryland DEATH Nov. 5.1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5311 Kenilworth Ave.. Crumpton D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 5. SEX If Under I Year 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) If Under 24 Hours Months Days Hours Min. WIDOWED, DIVORCED (Specify) last birthday) Widower White Male 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Retired Farmer INDUSTRY WHAT COUNTRY? Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ashbury Ryland Mary E. Woodall 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Centertille. Md. no Howard Ryland none 18. 42211 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Atterioscleratic Cardiovasabr LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Cerebral Scherosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED  $\overline{\upsilon}$ TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT AT WORK WORK 1912 to Nov. 22. I hereby certify that I attended the deceased from 5 cp. deceased alive on Oct. 20 1952 and that death occurred at M., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE 11-8-1952 Crumpton (Queen Annes Co. Burial Crumpton 25. FUNERAL DIRECTOR Md. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE Edgar L. Lane Church Hill. Md.

617 w 40th.  -400

52 10100

28	10188		C		TE OF DEATH	ENT Registered	No TOTAR	
1.	NAME OF DE	CEASED MRS.	ANN A	BISHOP K	VOOLLEY	2. DATE. OF DEATH	1/5/52	
A.		ity, Maryland /	3 ALTI		A. STATE	CE (Where deceased lived. B. COUNTY	If institution: residence before admission	
H	STITUTION	HERCY Ho.		, give street address location	BALTINE	(If outside corporate line	hit, write RURAL and give township	
2	ength of sta	ay in Baltimore		Yrs. Mos Day	819 E.	CHASE 5	7 #2	
5.	SEX	6. COLOR OR RACE		MARRIED, D, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In years) last birthday)	If Under 1 Year If Under 24 Hours Min	
1 C	A. USUAL OCC k done during most of Howse	UPATION (Give kind of working life, even if retired)  WORK	. + 11	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY	
ł	GEOR O	GE BISH			(3)	14. MOTHER'S MAIDEN NAME SUSRN HAGEIZTY		
15 Yes	MAS DECEASED	EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	.10	BELLONA (LU	
ICATION	(This does in heart failure injury or of the document of the d	E OR CONDITION LEADING TO DEAT not mean the mode of a sthenia, etc. It means the mode of the complication which control to the condition of the conditions, if a bove cause (A) NG CONDITION LA	H dying, e.g., ns the disease, aused death.)  ES  FANY, GIVING STATING THE	(A)	bra/vasaula 1 pertensim	i accident iruscular dise	3 days	
CERTIF	II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  11 3 52  19B. MAJOR FINDINGS OF OPERATION  11							
MEL	LYING OR CONTRIBUTING About home, iarm, lactory, street, omce bidg., et				.,etc.) INJURY OCCUR?			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK				E	JURY OCCUR?		
	22. I hereby certify that I attended the deceased from 11/2, 1954 to 11/5, 1954 that I last saw the deceased alive on 11/4, 1952, and that death occurred at 6.70 Am., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNEE							
24	4A. BURIAL, CF	H JWR REMA- 24B. DATE	1/ 1240	M. D.	Mus ce ERY OR CREMATORY   2	4D. LOCATION (City, tow	11/5/52	
TIC	on, removal (Sp.	nov. 8.	1952 M	w Calle	dral Centre	Bultimor	E Mid	
	ATE RECEIVED OCAL REGISTR		S SIGNATURE	dat a	25. FUNERAL DIREC	2 61	ADDRESS	

Thurtington 18th out the Column W. Conflin 5-444 Belais Rd



### BALTIMORE CITY HEALTH DEPARTMENT

5	2 10124 IRTH NO.	CERTIFICATI	E OF DEAT	H Registere	d NG TUTEA	
1.	NAME OF DECEASED Type or Print)	2 CRAW		2. DATE OF DEATH	OV-1-1952	
Α.	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased lived B. COUNTY	. If institution : residence before admission	
H	FULL NAME OF ' not in hospital or in: OSPITAL OR NSTITUTION	stitution, give street address or location)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and giv	
		OSPITAL	Baltim	ore CiT	township	
	ength of stay in Baltimore	Yrs. Mos. Days	6 19 7	(If rural, give location)	et l	
5.		NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days Hours Min.	
10	DA. USUAL OCCUPATION (Give kind of 108.1	KIND OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF	
C	done during most of working life, even if retired)	lalle + Co	Winsl	oro S.C.	WHAT COUNTRY	
13	B. FATHER'S NAME	HAULING	14. MOTHER'S MA	IDEN NAME		
18	WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT	Moore	ADDRESS	
(Ye	s, no or unknown) (If yes, give war or dates of service	SECURITY NO.	Soul	me Ma	629 W.	
	18. E 98 1 X	CAUSE	OF DEATH		INTERVAL BETWEE	
	DISEASE OR CONDITION DIRECT	7	LLET W.	ni duvo		
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	lisease.				
	ANTECEDENT CAUSES		HEART.			
Z	DISEASES OR CONDITIONS, IF ANY,	GIVING (B)	//- //-	***************************************		
ATION	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	(C)				
FIC,	П		- HO			
RT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	LATED				
CE	19A. DATE OF OPERATION   19B. MA	JOR FINDINGS OF OPERA	ATION		20. AUTOPSY?	
AL	210	BLACE OF INTERV	and 21c WHERE D	ID (If in Polkinson City	YES NO	
EDIC	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  21b. PLACE OF INJURY (e. g., in or about bome, farm, factory, etreet, office bldg., etc.)  INJURY OCCUR?					
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	21F. HOW DID	INJURY OCCUR?		
2	22. I certify that I took charge of	the remains described a		AUTUPSY	thereon and from	
A.	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dand death in my opinion resulted from: natural causes □, accident □, suicide □, homicide ▼, under					
	23A. SIGNATURE	al a	23B. CHIEF ME ASSISTANT ME	DICAL EXAMINER		
24	AA. BURIAL, CREMA- 2 B. DATE DN. REMOVAL (Specify)	24C. NAME OF CEMETER			wn, or county) (State)	
	Burial 11-9-52			Winsbork	S.C.	
	ATE RECEIVED BY REGISTRAR'S SIGN	1 1 1 1 1 1	25. FUNERAL DIRE	1 916	Penna and	
15		0 8	WW	Telegram .		

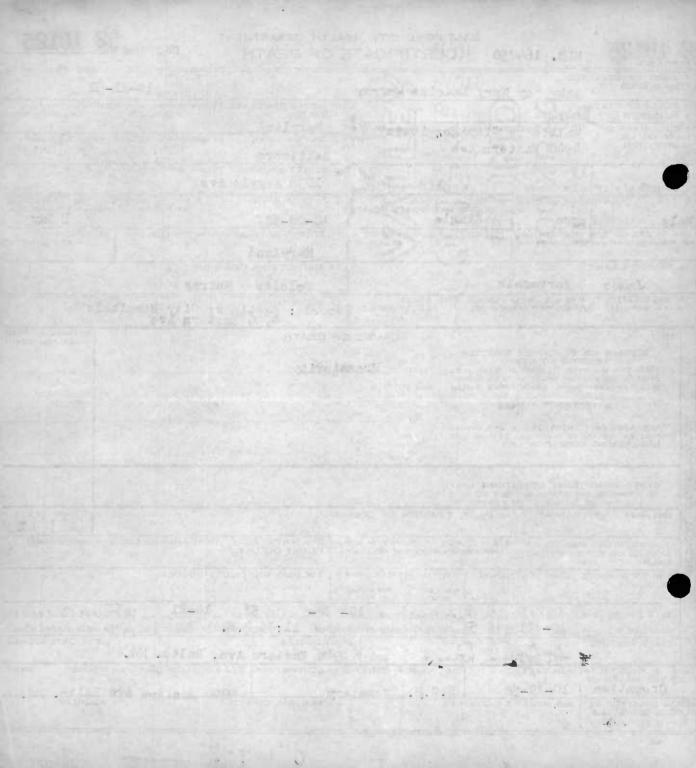
5 683572

V S 151 N861.4

11-9-52

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Registered 52 10125 BALTIMORE CITY HEALTH DEPARTMENT MLB. 164250 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE OF 10-21-52 (Type or Print) Baby Boy Mary Deloise Murray 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Hantinors City Hospital address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Ave Baltimore D. STREET ADDRESS (If rural, give location) Mos. 1038 Argyle Ave Life c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years Months Days Hours Min. WIDOWED, DIVORCED (Specify) last birthday) Single 1 Day Male Negro 10-20-52 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barksdale James Deloise Murray 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL ecords: Baltimore City Hospitals 4940 Eastern Ave SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 64 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Prematurity heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 10-21 22. I hereby certify that I attended the deceased from 10-20-19 52 to 1952, that I last saw the 52 and that death occurred at 11:05. Folks the causes and on the date stated above. deceased alive on 10- 21 . 19\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. Balto. Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Cremation B.C.H. Grenatory 1940 Bastors Ave Balto. Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE



52	10126
BIRTH	NO.
1. NAM (Type or	E OF DECEA Print)

52 10100

52 10126	CEDTIFICATE	OF DEATH	Registered No	L TOTIO		
BIRTH NO.	CERTIFICATE	OF DEATH	- Registered 140			
1. NAME OF DECEASED (Type or Print) Rose S	ILVER		2. DATE OF DEATH NORTH	cher 5/52		
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in bespital or institu		4. USUAL RESIDENCE (W)		stitution : residence before admission)		
B. FULL NAME OF (If not in hospital or institution 33/6 duglion	location)	c. Chy or town (If o	outside corporate limits,	write RUIAL and give township)		
c. Length of stay in Baltimore 311	Yrs. Mos. Days	3310 dug	ural, give lockson)	ne		
5. SEX 6. COLOR OR RACE 7. SINGE WIDOW	WED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Year If Under 24 Hours hs Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of ork done thring most of working little ven if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 1	2. CITIZEN OF		
michael Zeline	2	14. MOTHER'S MAIDEN NA	ME			
15. WAS DECEASED EVER IN U. SARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mely Selner -	3310 Leis	ton Overce		
18. 33/X	CAUSE C	OF DEATH	0	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	6	had Va		ONSE! AND DEATH		
LEADING TO DEATH  (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea.	g., (A)	was sens	mez	Turch		
injury or complication which caused death	h.) DUE TO					
ANTECEDENT CAUSES	1	1. Xe 0.				
DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	Marie Co	~			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
2	(C)	······································	***************************************	***************************************		
<u> </u>						
Y OTHER SIGNIFICANT CONDITIONS CO.  TRIBUTING TO THE DEATH, BUT NOT RELAT	ED			Y CONTRACT		
TO THE DISEASE OR CONDITION CAUSING	T. FINDINGS OF OPERA	TION	HIII	L 20 AUTORGY2		
To see of the see of t	. FINDINGS OF OFERA	(TION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home,	e exact location)					
2 in. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?			
F INJURY	WHILE AT NOT WHILE					
22. I hereby certify that I attended the		21 195/to	W 5 1052	that I last saw the		
		red at 5.201-m., from th				
23A. SIGNATURE	23	BB. ADDRESS		23c. DATE SIGNED		
1 10001	20 M. D.	med anta	1500	11/5/52		
244. BURIAL. CREMA- TIAN REMOVAL (Specify)	Shave T	Teloh 12 ad	CATION (City, town, or	county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATION TO THE PROPERTY OF THE	Atticus MXX	Of Mineral DIRECTOR	1202-112 North	4.26W.		
VS 150	F 1, C		North	& Onenve		

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1	NAME	OF	DE

## BALTIMORE CITY HEALTH DEPARTMENT

52 10107

2 TOTOS	CERTIFICATI	E OF DEATH	Registered No.	エハエゆる
BIRTH NO.	- CERTIFICATI	E OF DEATH	2008-2002-200	
1. NAME OF DECEASED ADAMS.	Anthur	C	2. DATE OF DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	152
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		tution: residence before admission)
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR INSTITUTION	location)	c. CITY OF TOWN (If	outside corporate limits, wri	teRURAL and give township)
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	
5. SEX   6. COLOR OR RACE   7. SINGL	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  DOMES  DOM	em \$	14. MOTHER'S MAIDEN N	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRY	25 to pt
18. 420.0 and 260 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the disea injury or complication which caused deat  ANTECEDENT CAUSES	E., (A) WARWS	of DEATH selinofie French		NTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	HE DUE TO			
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAD TO THE DISEASE OR CONDITION CAUSING	red 1/1019	tes Mellitus		
19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home CAUSE OF DEATH	ACE OF INJURY (e. g., in , farm, factory, street, office bldg., e	n or 21C. WHERE DID (I	f in Baltimore City, give e	exact location)
FINJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRI		OCCUR?	
22. I hereby certify that lattended the deceased alive on 1922, 23A. SIGNATURE	e deceased from 3	red at m., from the Address	he causes and on the do	at I last saw the ate stated above.
24A. BURIAY, CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L.	Salta Ma	unty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	Williams M.F.	Estimated of	- 0001/11/	railes &
VS 150	5 2 2 9	07/011	9	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION ares Yrs. D. STREET ADDRESS ength of stay in Baltimore 7. SINGLE, MARRIED. 5. SEX 6. COLOR OR RACE

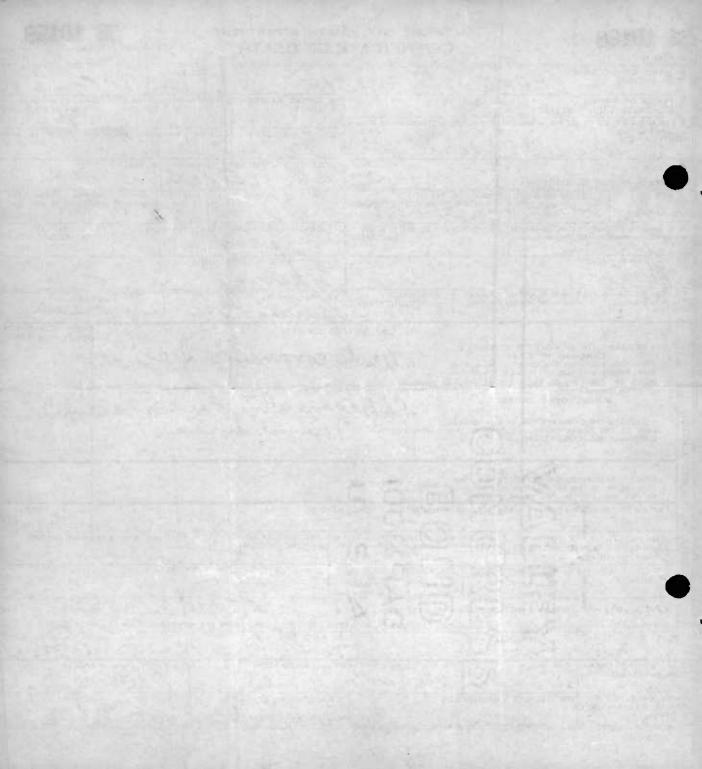
4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits write WRAL and give (If rural, give location) 9. AGE (In years M Under I Year M Under 24 Hours last birthday) Months; Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) maurie 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work depoduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? ussea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL A7 MIFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18.420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING FICATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 218. PLACE OF INJURY (e. g., in or 2Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E, INJURY OCCURRED F INJURY NOT WHILE WHILE AT AT WORK WORK . 195 to , 19 3, that I last saw the 22. I hereby certify that I attended the deceased from !!

.m., from the causes and on the date stated above. . 19 \$2 and that death occurred at\_ deceased alive on 23A. SIGNATURE 23B. ADDRE 23c. DATE SIGNED 24C NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State 24B. DATE

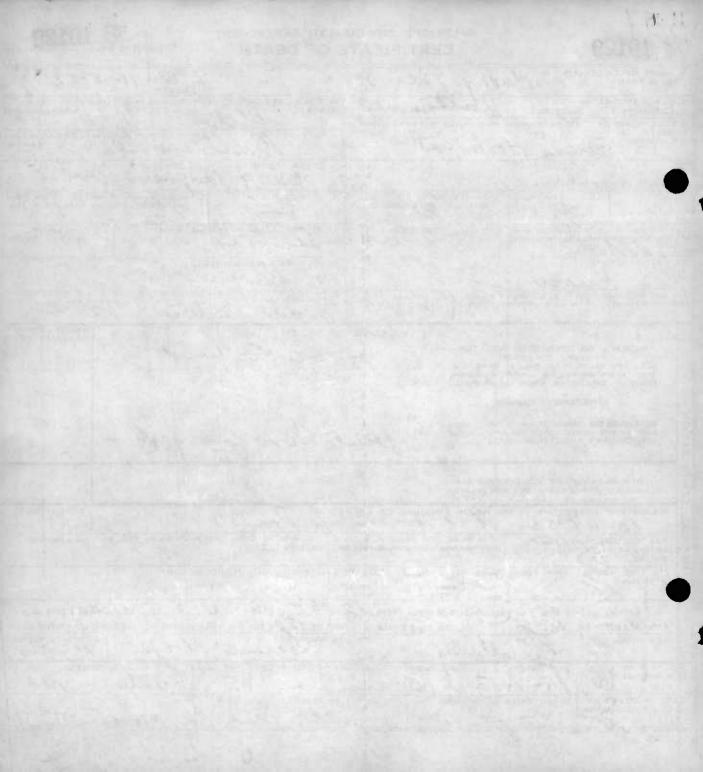
244. BURIAL, CREMAuccas DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

22 10128



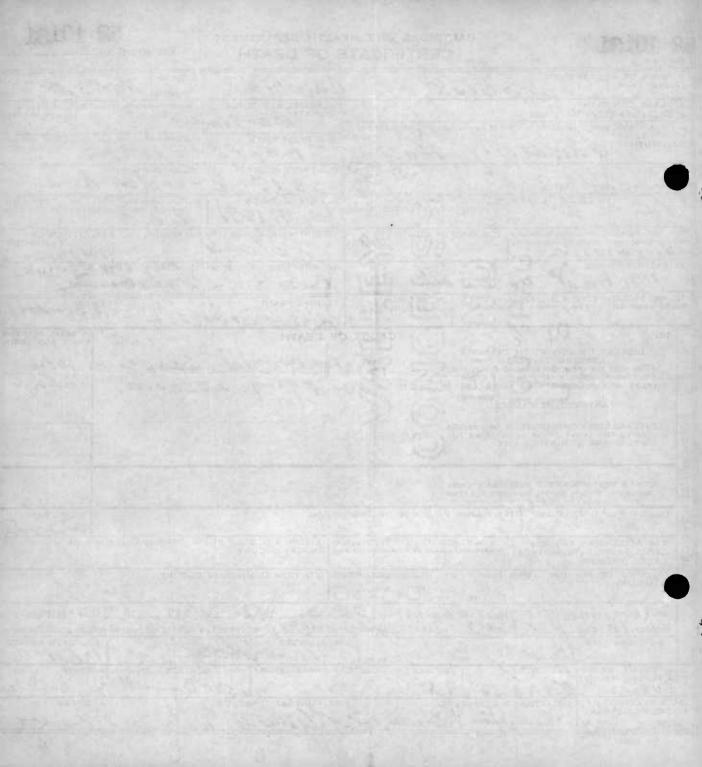
5 BI	5 / 2 1012 RTH NO.	29		TIMORE CITY HE	EALTH DEPARTMENT	Registered 1	2, 10129
	NAME OF D ype or Print)	ECEASED H	arry	Steinber	9	2. DATE OF DEATH	5-52
	PLACE OF D Baltimore (	EATH: City, Maryland	Black	timone	A. STATE	Where deceased lived, If B. COUNTY	institution: residence before dmission)
H	SPITAL OR	Sever A		on, give street address or location)	Paul	i wond	s, write RURAL and give (cownship)
	ength of s	tay in Baltimore		Yrs. Mos. Days	5809	rural, give location)	ore.
5.	M.	6. COLOR OF RACE		MARRIED, ED, IVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years land bip hday) Mo	f Under 1 Year on this Days Hours Min.
10 work	A. USUAL OC	COPATION (Give kind of orking life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTIPLACE (State of f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	VAME	1	crotingly	14. MOTHER'S MAIDEN N	AME	
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	MINFORMANT Ru	do s à	DORESS
ERTIFICATION	(This does heart failus in jury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA  GIGNIFICANT CONDITION TO THE DEATH, BUT	TH  of dying, e. g  ns the disease caused death.  GES  F ANY, GIVIN STATING TH  IST.  TIONS CON NOT RELATE	G (B)	Leve Fail	my pl	ONSET AND DEATH
U		F OPERATION 1		FINDINGS OF OPER	ATION O +		20. AUTOPSY?
MEDICAL	LYING OF CAUSE OF CAUSE OF INJURY	(Month) (Day) (Year)  y certify that I attlive on 11-57	about home, for the latest the la	1 2	ED 21F. HOW DID INJUR	1/-5, 195	, <b>L</b> hat I last saw the
34	A. BURIAL, ON, REMOVAL (S	CREMA- ZIG. DATE	-1/2	M. D.	RY OR CREMATORY 24D. L	OCATION (City, town	or county) (State)
DL	ATE RECEIVE	D BY REGISTRAR	s signatu	RE VILLENIA MAT	28. FUNERAL DIRECTOR	Ine 2100	ADDRESS
	VS 150		0	5964	180101	2	



	116										
5	2 10130					OF DEATH		Registered	52_	10130	
	NAME OF DECEA	JACO	BA	1. Ra	LPP	EPORT	-	OF //	-6	- 42	
A.	PLACE OF DEATH Baltimore City,	Maryland				4. USUAL RESIDER			If instit	ution : residen before admi	
H	STITUTION 40	(If not in hospit	al or instituti		ddress or location)	c. CIT OR TOWN	(If outside	e corporate in	nits writ	e RURAL an	d give nship)
	ength of stay i	n Baltimore		48	Yrs.	1406 AF	SS (If rural,	give location)	K	live	2
5. H		olor or RACE		MARRIED, ED, DIVORCED		8. DATE OF BIRTH		GE (In years ast birthday)	H Under 1 Months		
work	A. USUAL OCCUPA doneduring mode of work	inglife, even if retired)	10в. KIND	OF PUSINESS	OUSTRY	11. BIRTUPLACE (St	ate or foreign	country)		CITIZEN OF WHAT COUN	ITRY?
13	atha	u	CL	othong (A	4)	Taum	DEN NAME				
15 (Yes	. WAS DECEASED EVI , no or nnknown) (If	ER IN U. S. ARMED you, give war or date	FORCES?	16. SOCIAL SECURITY	Y NO.	Tra RAMI	ies How	eliber	ADDRE	Lave	و
ERTIFICATION	(This does not in heart failure, as injury or comp  ANTI  DISEASES OR RISE TO THE AR	R CONDITION DING TO DEAT mean the mode o chenia, etc. It mea dication which o ECEDENT CAUS CONDITIONS, II BOVE CAUSE (A) CONDITION LA	FH  f dying, e. g.  ns the disease aused death.  ES  F ANY, GIVING STATING TH	DUE TO	lyo ufa Ul	cardili retion.	i, My Co	rond		NTERVAL BET	
CERTI	TRIBUTING TO	II FICANT CONDI THE DEATH, BUT E OR CONDITION	NOT RELATE	0	Ĺ					200-200-200 10-20-20-	
ار	19A. DATE OF OP	ERATION 0 1	9B. MAJOR	FINDINGS OF	FOPERA	TION	Seator)			20. AUTOPS	5 Y 7
EDICA	21A. ACCIDENT LYING OR COL CAUSE OF DEAT	NTRIBUTING		CE OF INJURY				Baltimore City	, give e	xact location	)
Σ	21D. TIME (Mont) OF INJURY	h) (Day) (Year)			CCURRE	21F. HOW DID	INJURY OCC	CUR?			
	22. I hereby cer deceased alive of 23A. SIGNATURE	n nov 5	ended the control of	and that deat	h ccurr	ed at / H m., B. ADDRESS EU 2306 EU	to hove	5, 199 uses and on	the da	at I last same te stated a c. DATE SIG	bove.
TIC	MEMOVAL (Species	1-6-	12 2	4c. NAME OF C	ede	Y OR CREMATORY	24D. LOCAT	ON (City, tow	n, or co	unty) (S	tate)
LC D/	TE RECEIVED BY CAL REGISTRAR	REGISTRAR	SIGNATU	Williams	- M;	SEX LEWY	CTOR	21000	SW	DRESS	e
	VS 150		0.	lay an	59	04610	) ! "	2			

230b Extons

52 10ian BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) orociak OF NOV. 3,1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location Mos. rendan ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years last birthday) | Months: Days | Hours! Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hoose wife 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. OULS 1 Marzec INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Intra Cranial LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE Nov. 3, 1952 that I last saw the Det. 3 , 195 to\_ 22. I hereby certify that I attended the deceased from\_ deceased alive on Nov. 3, 1952, and that death occurred at p.m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LCCATION (City, town, or county) 200 Dumolalk BURIAL TSTANISLAUS NOV 7-1952 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 1 untimplon VS 150



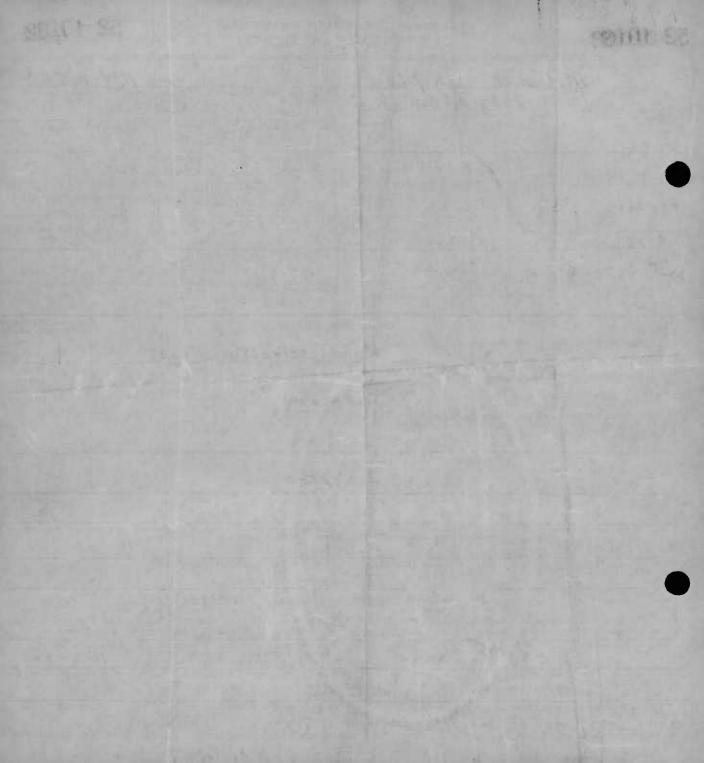
Registered \$2 10132 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MIL DRAD NOV-1.52 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH B. COUNTY A. Baltimore City, Maryland 2334 before admission) i not in hospital or institution, give stre oft address or HOSPITAL OR location of If outside corporate limits, write RURAL and give INSTITUTION Mos. ength of stay in Baltimore Days 6. COLOR OR RACE I 7. SINGLE, MARRIED if Under 1 Year H Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) remale 10A, USUAL, OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIETHPLACE (State or foreign country) 12. CITIZEN OF VEAT MUN o during most of working life even if retired) INDUSTRY 14. MOTHER'S MAIDEN WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (1/ yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO and INTERVAL BETWEEN 420.0 CAUSE OF DEATH 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ARTERIOSCIERATIO LEADING TO DEATH HEART (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISCASO ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... 11 FA OTHER SIGNIFICANT CONDITIONS CON-DIAbetes TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING TI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK /NSPOCTION 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident [], suicide [], homicide [], undetermined []. 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... 1-2-52 MEDICAL INVESTIGATOR MD. 24A. BURIAL, CREMA- 24B DA 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

NOV 6-1952

VS 151

25. FUNESA DIRECTOR ADDRESS



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1	2 1	0133

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH /7

7×	Register 2No 1013
1 , ,	

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland (b) Street address 521 E. 2842 STREET	(a) State MARYLAND) County	****
(b) Street address 521 E. 20 - 31 Rec. (c) Hospital or institution:	(c) City or town BALTIHOKE C11 (If outside city or town limits, write RURAL	and give town)
(a) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 521 F. 2872 STR	eet all
(e) Length of stay in Baltimore (yrs., mos., or days). 70 Yes	(e) If foreign born, how long in U.S.A.?	2 T years
3 (a) FULL NAME JAMES GEORGE ROE	MER	
3 (b) If veteran, name war No. 214-14-1550	MEDICAL CERTIFICATION  20. DATE OF DEATH 5 NOVEHISER 1952.	at6 35 A.M
4. Sex 5. Color or race divorced. MARRIED	21. I certify that death occurred on the date above stated ed deceased from 10 MARCH 1952, to 4 No	
6 (b) Name of husbander wife KATHERINE 6 (c) If alive, give age 6 5 years	and that I last saw h.IM alive on 4. NOV 19.	Duration
7. Birth date of deceased (mo., day, yr.) 22 JUNE 1882 8. AGE: Years   Months   Days   If less than one day	PROSTATE WITH GENERALIZED CARCINOMATIS	Ishos
70 4 14 hr. min.	Due to	***************************************
9. Birthplace SALTIMORE MD (Town, county, and state) 10. Usual Occupation RETAIL GROCER	Due to	
II. Industry or business OWN STORE	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Hermany Rocher	Major findings; Of operations	Underline the cause to which death should be
15. Birthplace GERMANY	Of autopsy	charged statis
16 (a) Informant MRS KATHERINE ROEHER  Address \$21 \in \text{28 \frac{1}{25}} \text{5+.} (WIFE)	22. If death was due to external causes, fill in the foll (a) Accident, suicide, or homicide	
(Burial, cremation, or removal)  (Burial, cremation, or removal)	(b) Date of occurrence	
(c) Cemetery or crematory Morellands  Location Saulan are	(d) Did injury occur about home, on farm, industrial p	lace, in public
18 (a) Funeral director Sea San San San San San San San San San Sa	(Specify type of place)  (e) Means of injury.	) 47.
(b) Address 1 101-05 No. 0 attensione Gark  19 WOV 6- 155 H. D. T. John Mills Registrary	23. Signature St. Date signed	A, M.D.
vs 3 25	706 A	

2 10134 BIRTH NO.

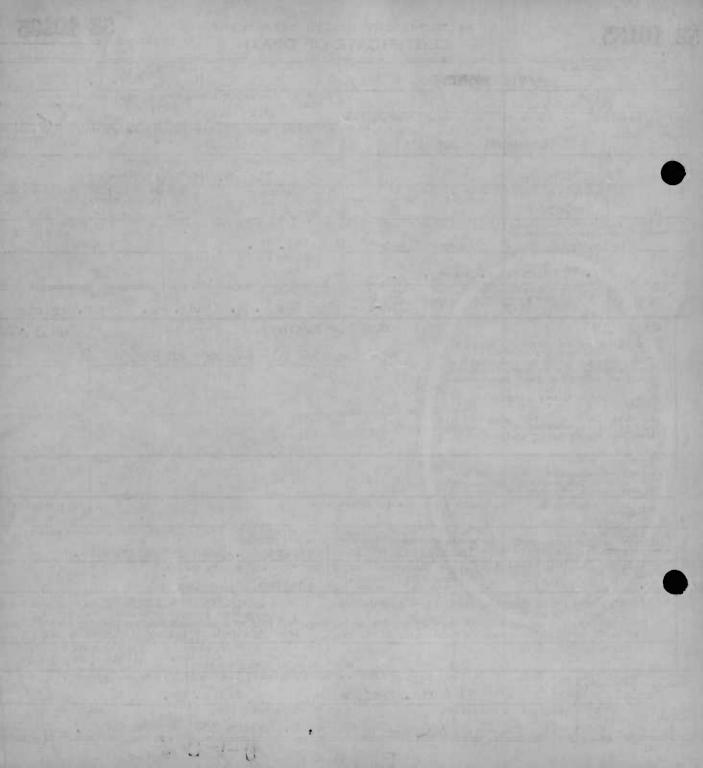
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52, 10134

В	IRTH NO.				_ 0: 24,*;;		
(7	NAME OF D ype or Print)	ECEASED G	ROVER	L TYSON		2. DATE OF NOV.	4, 1952
Α.		City, Maryland	-1		A. STATE Marylan	(Where deceased lived, If i	nstitution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	Luthera		ion, give street address or location) tal		(If outside corporate limits	write RURAL inderiv tawaship
				48 Yrs.	D. STREET ADDRESS (	If rural, give location)	
	egth of s	tay in Baltimore		Mos. Days	4111 Bo	arman Avenue	
5	male	6.COLOR OR RACE	WIDOW	e, MARRIED, YED, DIVORCED (Specify) arried	Jan 16 1886		ender i Year oths Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
		of working life, even if retired)	Hard		Virgini	a	WHAT COUNTRY
13	FATHER'S			(1)	14. MOTHER'S MAIDEN	NAME	
		Robert	L. Tyso	n	Georgia	Eagle	
15 (Ye	. WAS DECEASE s, no or unknown)	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
Ù				215-32-9501	Letitia E Ty	son 4111 Boa	rman Ave
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It menns the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
CEF	TO THE D	TO THE DEATH, BUT	CAUSING I	т	ATION		LOO AUTOROVA
	ISA. DATE O	F OPERATION I	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	21A. EXTERN	NAL CAUSE WAS	218. PLA	CE OF INJURY (e.g., i	n or   21C. WHERE DID	(If in Baltimore City, g	
EDICAL	UNDERLYING IT	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, f	arm, factory, street, office bldg home		1800 M. Janaan	15-1
ME		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	Alll Boarman	RY OCCUR?	7 4 1
7	lov. 1.	1952 6:00 1	m. 1	WORK NOT WHILE	Firearms		
	22. I certij the evi	fy that I took char	ge of the said Auto resulted f	remains described of psy, Inspection or interest causes	ibove, held anau	le <u>homicide</u> , un L EXAMINER 233 L EXAMINER NOT	ndetermined [].
24	A. BURIAL, C	REMA- 248, DATE		24c. NAME OF CEMETE		LOCATION (City, town,	or county) (State)
TIC	ON, REMOVAL (S	pecify	1952	Woodlawn	0./	Woodlawn Mc	
D.	Burial ATE RECEIVED CAL REGIST	D BY   REGISTRAR		liaux-, M.Z.	25. RUNERAL DIRECTOR	٦ ٧	ADDRESS A QUENTING AV
٧	S 151 N	803.40	1 10	5 29006	N	)	V

\$2 10135

2	10135	5	BAI	CERTIFICATI		70	52 gistered No.	10135
1.	NAME OF D		T GEORG	E YOUNG,	JR.	2. DATE OF DEATH	Nov. 4,	1952
	PLACE OF D Baltimore (	EATH: City, Maryland			A STATE	ENCE (Where deceas		tution residence
H	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or location) Hospital	c. CITY OR TOW		pratedinits, wr	ite RURAL and giv township
-	V	0111.46	ratoy i	Yrs.		Ess (If rural, give l	ocation)	
		tay in Baltimore		Mos. Days	11/	3 N. Stricke	er Street	
	male	6.COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	6/6/26	last bir		1 Year If Under 24 Hours Days Hours Min.
worl	k done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY		(State or foreign count		CITIZEN OF WHAT COUNTRY
13	FATHER'S N	borer NAME	1 Kopp	Plant	Balto Md		U	5A
		ev. Wilbert		ung, Sr. (m)	Glady	s Welly		
15 (Ye	s, no or unknown)	O EVER IN U.S. ARME (If yee, give war or date WW#2 Nav	D FORCES?	16. SOCIAL SECURITY NO. 218-14-	17. INFORMANT		ADDR	
-	yes 18. E 9/	WWITZ NAV	<i>y</i>		878 Rev W.	G. Young, S		I. Stricker
ERTIFICATION	(This does heart failu injury or DISEASES	SE OR CONDITION LEADING TO DEA 1 not mean the mode ore, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	TH of dying, e. a ons the diseas caused death SES  F ANY, GIVIN STATING TH	(B)	degree burns	s of 90% of b	oody	
ERTI	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
LC	19A. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
MEDICAL	OTING - C	AL CAUSE WAS G M OR CONTRIB-	about bome, f	CE OF INJURY (e.g., in arm, factory, street, office bldg., e ustrial place	Koppers C	oBush & Ha	ore City, give of	exact location)
	F INJURY	Month) (Day) (Year) 1952 5:00	,	VHILE AT NOT WHILE AT WORK		explosion		21-2
	the evi	dence obtained by ath in my opinion	said Auto	rcmains described a psy, Inspection or I rom: natural causes	nquiry, find that $\Box$ , accident $\boxtimes$ ,	Autopsy, Inspection of said deccased di suicide , homic	r Inquiry ed on the do ide $\square$ , undet	y stated above termined □.
		ORA	Fish		D. MEDICAL INV	EDICAL EXAMINER. EDICAL EXAMINER. ESTIGATOR	Nov.	5, 1952
	n Burial (S Burial			Balto. Nations		Balto Md.	City, town, or co	unty) (State)
LC	TE RECEIVED	RAR REGISTRAR	s SIGNATU	Alliams his	Coo. G. Kel	ector son 1303 Pro		DRESS
V	S 151	N948.2	0	97034	des. B	1. Kela	on	



52 10136

Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth Mitloehner Nov. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR General German aged Peopches C. CITY OR TOWN (If outside corporate l MURAL and give township) Home. 22 S. Athol Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days Athol 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH & 9. AGE (In years II Under I Year If Under 24 Hours Min. W POWED, DIVORCED (Specify) White emale Aug. 9, 1870 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MOME Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Bock Henrietta Scheidt 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Sr.Fredericka, 22 S.Athol Ave. 18. 450.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO L. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING W CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. . 1952. to 14 , 19 2 that I last saw the deceased alive on fiffen 196 7 and that death occurred at 9:115 Fm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2/X/BURIAL, CREMA-TION, REMOVAL (Specify) BUT181 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 6/52 Loudon Park Nov. Baltimore. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

## BALTIMORE CITY HEALTH DEPARTMENT

52 10137

	C TOTE	) M		CERTIFICATI	E OF DEATH		Registere	No LULE	1
	RTH NO.	20014050		d					
	NAME OF D		FAFCE	DEADY			OF DEATH 4	NOV 1952	
3.	PLACE OF D	EATH:	LUILUE	DET	4. USUAL RESIDEN				
		City, Maryland			A. STATE	(10.17	B. COUNTY		admission
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	MARY		BANT		1
	STITUTION				C. CITY OR TOWN		/	mits with RUHA	township
13	(1)	5820 FALKI	RKX		BALTI			/	
			~	Yrs. Mes.			give location)		
		stay in Baltimore	8.	Days	5-810 F	ALKIR	K KOA	10	
5.	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9	AGE (In years	Months: Days   Ho	Under 24 Hours
	M	h/		/dowed	9/4/18	71	8/	243	
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign	country)	12. CITIZEN	
WOL		of working life, even if retired)	11.7	BAY LINE	MANRY	/ na/ h		WHATC	OUNTRY
13	. FATHER'S	EZ/C	UNI	DAJ ZINE	MARY	DEN NAME		1 037	
			. 5./		AA - =	ZEN NAME	-		
		R JOHN D			MAR	y A	JONE	S	
15 (Ye	. WAS DECEAS	ED EVER IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	1/6		,	231-01-2270	MRS MAS	EV BUE	TTNER	ABOVE	
	10 1/0	0 1			OF DEATH	1			BETWEEN
	1	0.1			OF DEATH			ONSET A	ND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		α.	- · · · · · · · · · · · · · · · · · · ·				
		s not mean the mode of	of dying, e.		TONARY DO	CKUNI	• N		
		ure, asthenia, etc. It mes complication which							
		ANTECEDENT CALL	250	0.					
7		ANTECEDENT CAUS	PES	CAR	PONARY AR	TERIOS	CEROS	25	
ō		S OR CONDITIONS,		NG		······································			
F		THE ABOVE CAUSE (A) YING CONDITION LA		HE DUE TO					
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L		11		(C)	ERALILED	MRI	- K/8 30/6	AMIS	
RTI		SIGNIFICANT COND		N- 0				4-1	
CE		G TO THE DEATH, BUT DISEASE OR CONDITION		HCU HCU	TE GASTROE	ENTERI	715		
				FINDINGS OF OPER	ATION			20. AU	TOPSY?
A	/	NONE		N	ONE			YES	NO X
EDICA	21A. ACCID	ENT. SUICIDE,		ACE OF INJURY (e.g., i	n or   21c. WHERE DI		Baltimore Cit	y, give exact loca	ation)
H	HOMICIDE	(Specify)	about home,	farm, factory, street, office hldg.,	etc.) INJURY OCCUR	N61	VE		
Σ	71145	(Month) (Day) (Year)	(Hours)	NONE 21E. INJURY OCCURR	ED 21F. HOW DID				
	INJURY					,	CONT		
		HOME		WHILE AT NOT WHILE	\ <u>\</u>	ONE			
	22. I herel	y certify that I att	onded the	deceased from	1AY , 1952,	to 4 No	V 19	52, that I las	t saw th
				and that death occur					
	23A, SIGNA		1300	and that death occur	3B. ADDRESS			23c. DATE	
		10 10 1	()	and and	2771 P Don		5+	11/4	152
2	AA. BURIAL,	CREMA- 24B. DATE	- un	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCA	TION (City, to	own, or county)	(State)
TIC	ON. REMOVAL	Specify		0					
_	Burial			Oaklawn Cem.	()		to. Co.		
D.	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	JRE .	25. FONERAL DIRE	CTOR	1 1	ADDRESS	
-	VIIV	5-1959 Thur	Tryghon	Maracus. Ms	2/1m. 7.	· VW	Ruer	* xous	)
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	VS 150			The feet of the	V	161	120 1	7 1100	4
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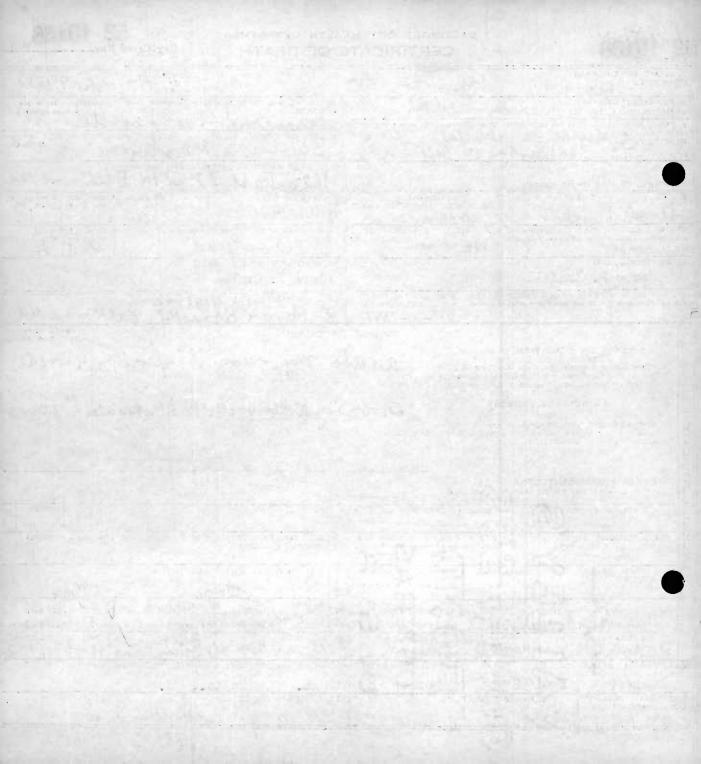
1	416
-	2 10138
	1. NAME OF DECEASED (Type or Print)
	3. PLACE OF DEATH:  A. Baltimore City, Maryl
	B. FULL NAME OF (If not

# BALTIMORE CITY HEALTH DEPARTMENT

52 10138

2 10138 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print) LUng A, A	brecht		2. DATE OF DEATH	rember 4, 1952
HOCDITAL OD V	itution, give street address or location)	A. USUAL RESIDENCE ( A. STATE  Maryland  C. CITY OR YOWN (1)	Balk more	before admission
110 730 Ashburton's	H. Baltimure Nel	Balt more,	Maryland	4 - 6 whehip
c. Length of stay in Baltimore	Yrs. Mos. Days	1626 East	f rural, give location)  3 2 nd 1/tr, k	Baltimore Med
	GLE, MARRIED, DOWED, DIVORCED (Specify)	AMICI, 1900	9. AGE (In years last birthday) I	H Under 1 Year H Under 24 Hours Months Days Hours Min.
ork done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or )	foreign country)	12. CITIZEN OF WHAT COUNTRY
James P. Randall		14. MOTHER'S MAIDEN N		0,71,
15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO. 216-03-2397	Lutheran Ho	Halrewood	SADDRESS Offmore Mel
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	sease, (A) AUU (Sease, leath.) DUE TO (B) WOOD (B) IVING G THE DUE TO	te my veard ary arterioscle		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED			
19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about he	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		(If in Baltimore City	, give exact location)
22. I hereby certify that I attended deceased alive on North 419 S.  23A. SIGNATURE RUDOLPH M. Zander M.D.	the deceased from Nov 2., and that death occur assistant   3	Inter 4 1952 10 1	Vovemby 4 19	540 nm 52 that I last saw th the date stated above 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial 11/8/52	24c. NAME OF CEMETE		LOCATION (City, tow	vn, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN.		25 FUNERAL DIRECTOR	ickner (	Y ADDRESS

952001 Batto 17, 1md. VS 150



52 10139

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH NOV. 5, 1952 TDA T. JONES 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR (If outside corporate limits, write RUBAL and give C. CITY OR TOWN INSTITUTION township) 3)107 Fairview Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 3407 Fairview Ave. Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If linder 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify)
Married last birthday) Months Days Hours Min. May 7, 1885 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF TISAT COUNTRY work done during most of working life, even if retired) INDUSTRY Montgomery Co. Missouri Department Store Retired Saleswoman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marissa Overstreet Richard Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Sallie Smirl 31:07 Fairview Ave. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 6 mos LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) Ξ 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from May ( 1952 to May 5, 1957, that I last saw the deceased alive on 1700 5, 195 L, and that death occurred at 430 m., from the causes and on the date stated above. 234. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED my 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA 24B DATE TION, REMOVAL (Specify Baltimore, Md. Loudon Pk. Cem. Burial REGISTRAR'S SIGNATURELL 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR Sukner o Sons. In.

Same. 3. 

Registered to 10140 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ARTHUR CLARENCE Nov. 5. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF i'f not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits we te INAL and give INSTITUTION township) Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days Greenway Apartments 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8, DATE OF BIRTH 9. AGE (In years | | Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. male white Married Jan. 1, 1881 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Investment Banker Banking 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alburtus M. White Mary E. Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Bessie M. White Above INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Carbon monoxide poisoning heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or

21E. INJURY OCCURRED

AT WORK

Loudon Pk. Cemeterv

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from

the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$  suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ .

about home, farm, factory, street, office bldg., etc.)

garage

WORK

21c. WHERE DID

INJURY OCCUR?

3300 St. Paul St.

motor running

24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

20. AUTOPSY?

NO LX

YES

Nov. 5, 1952

ADDRESS

(If in Bultimore City, give exact location)

21F. HOW DID INJURY OCCUR? Found in car with

Autopsy, Inspection or Inquiry

238. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. 0 Nov. 5, 1952

Baltimore. Md.

19A. DATE OF OPERATION

FINJURY

23A, SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

Burial

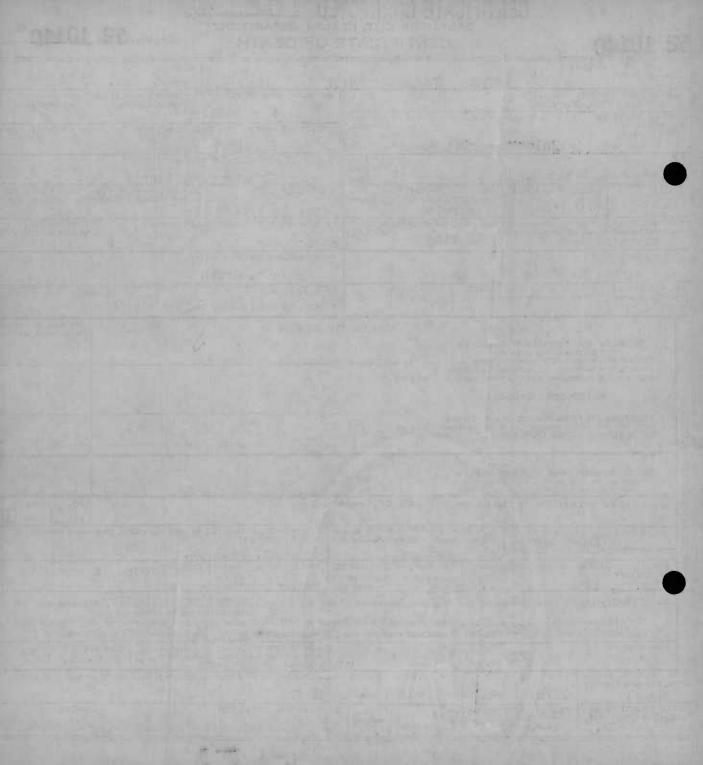
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.

UTING TI CAUSE OF DEATH.

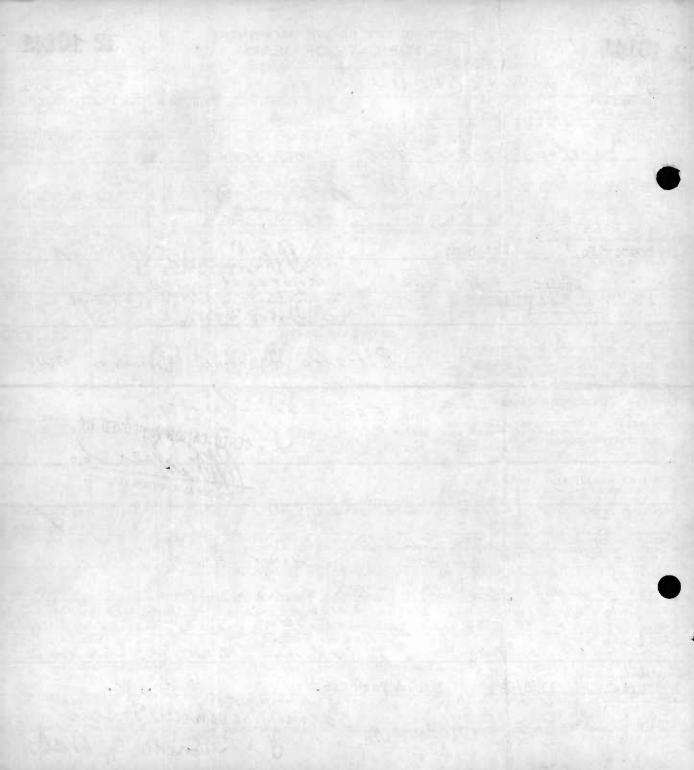
21D. TIME (Month) (Day) (Year) (Hour)

24B. DATE 11/8/52

REGISTRAR'S SIGNATURE



1	7.60									
12	10141			CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registere	52 10141			
1. (1	NAME OF D	ECEASED A NA		BECKER		2. DATE OF DEATH	4 NOU 52			
A.		City, Maryland			4. USUAL RESIDENCE (V		. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION						outside corporate li	mits, write RURAL and give			
4	1 M	ARYLAND	U-ENEI	RAL HOSP.	BALTIMORE  D. STREET ADDRESS (If rural, give location)					
C	ngth of st	tay in Baltimore	21	FE (71) Mos. Bays	L DD 3300					
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year If Under 24 Hours Min last birthday) Months Days Hours Min					
10 worl	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
	work done during most of working life, even if retired) housewife at home				MD	In SEA	WHAT COUNTRY?			
13	. FATHER'S N	IAME	U /		14. MOTHER'S MAIDEN NAME					
15	. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	CKEL 16. SOCIAL	RHOTA (1	LEMENTS	ADDRESS			
(Ye	i, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	DAUGHTER ADDRESS					
	18.452	x and Eg	100.0	CAUSE	OF DEATH	A	INTERVAL BETWEEN			
		LEADING TO DEAT	CONDITION DIRECTLY RESTORATED TO DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO									
	ANTECEDENT CAUSES									
NO	DISEASES OR CONDITIONS, IF ANY, GIVING (B) FALL IN HOME (PISSIBLE)									
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-						VED DI				
						N else	L V D.			
						XAMINER.				
CE	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING I	т		OR A551. HIS				
AL	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?			
EDICAL		ENT WAS UNDER		ACE OF INJURY (e. g., i		lf in Baltimore Cit;	y, give exact location)			
M	CAUSE OF DEATH HUME HOME (ABOUE)									
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  EST. — 12 NOIN = 6 Pm. WHILE AT WORK FOUND ON STAIRS  22 I homely contifued by the Latendard the descent from 2 ALONG 1053 the Line 1										
							that I last says the			
	22. I hereby certify that I attended the deceased from 3 NOV, 1952, to 4 NOV, 1953, that I last saw the deceased alive on 4 NOV, 1952, and that death occurred at 130 Am., from the causes and on the date stated above									
	23 SIGNAT	URE B 2-	XILL		3B. ADDRESS		23c. DATE SIGNED			
24A. BURIAL, CREMA- TIÓN, REMOVAL (Specify)  24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State										
Burial 11/8/52 Loudon Park Cem. Balto., Md.							ld.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS										
NOV 6 - 150 H + + + Wes Mar W. V. Valence V Sals							ADDRESS			
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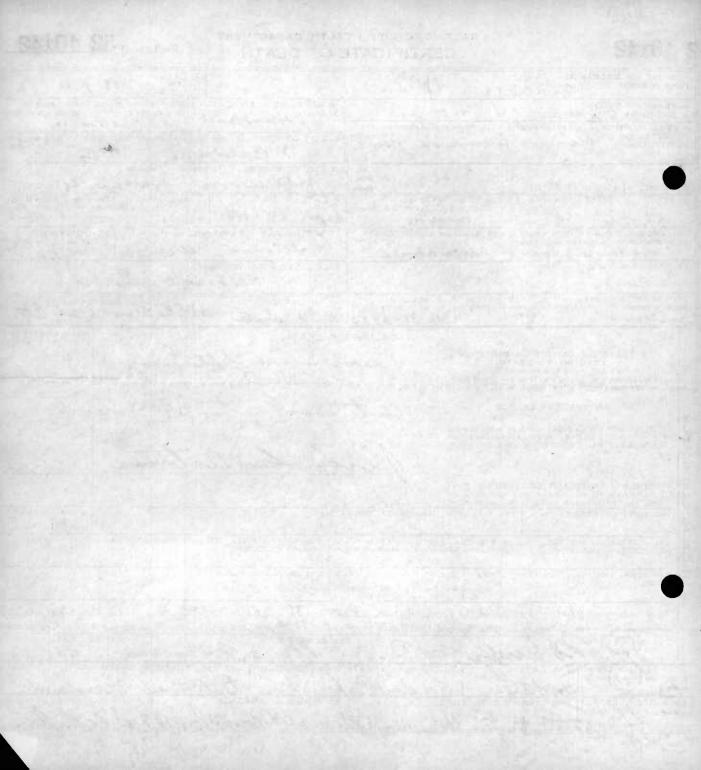


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## BALTIMORE CITY HEALTH DEPARTMENT

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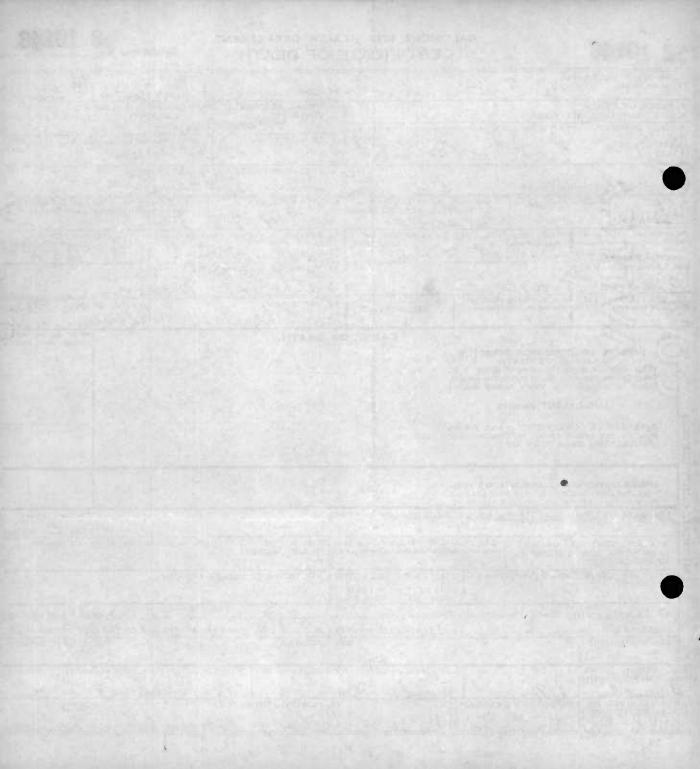
BI	TH NO.			TIFICATE OF DEATH			Registered NG LULGE					
	NAME OF D ype or Print)	CGarl	. e s	THONE	mit	4	1	2. DATE OF DEATH	11	1	<i>+</i> .	52
A.		City, Maryland	U.M.			4. USUAL RESIDENCE A. STATE	CE (Whe	B. COUNT	Y	bef	ore ad	lence mission
HO	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit			t address or location)	C. CITY OR TOWN		tside corporate	limits, w		LEAL	and give
C.	ength of s	tay in Baltimore		7-1	Yrs.	D. STREET ADDRESS	(lf rur	al, give locatio	on)	4		
	SEX	6. COLOR OF RACE	WIDOW	MARRIED, ED, DIVORC		8. DATE OF BIRTH		AGE (In yea last birthday	rs H Unde	1 Year	H Und	lei 24 Hours
	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINE	NDUSTRY	11. BIRTHPLACE (State		gn country)	12.		T CO	UNTRY
13	. FATHER'S		1 mg	n'nous	دد	14. MOTHER'S MAIDE				4	-5.1	9.
	ger		will					en le Sa	horide	2		
(Ye	, no or nnknown)	ED EVER IN U.S. ARME (If yes, give war in date	D FORCES?	16. SOCIA SECUR 2/2-32	ITY NO.	Mr. Geo. R. Smith	(son	15 E. Bo	ADDF	Street	4,0	2kg
MEDICAL CERTIFICATION	(This does heart failt in jury or DISEASE RISE TO TUNDERL'  OTHER STRIBUTION TO THE E  19A. DATE C  21A. ACCIDE HOMICIDE	SE OR CONDITION LEADING TO DEA a not mean the mode ore, asthenia, etc. It mes complication which ANTECEDENT CAUSE SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.  II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE. (Specify)  (Month) (Day) (Year	TH of dying, e. g ans the disease caused death. SES IF ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR  21B. PLA about home, for	(B)  (B)  (C)  (C)	Barren OF OPER	a or 21c. WHERE DID INJURY OCCUR?	li a	Hear	TDe	20. YES	P.	DPSY?
	22. I hereb	by certify that I at	tended the	while AT deceased fand that de	not while at work rom cath occur	31, 19.63, t red at 11 2 pm., fr	to Me	m, 4,	on the c	late s	tated	l above
D	AA. BURIAL, DN, REMOVAL (S BURIAL ATE RECEIVE DCAL REGIST	D BY   REGISTRAR	S SIGNATU	Louds WHE	of CEMETE  N Par	k .	Ball TOR	timore  1., 108	May AL	ounty OFRES	ano	(State) U.
	IN AS 120	1006	0	94	107	9010	1 3	3 Ci	4 4			



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10143

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mrs Eather With	man 2. DATE OF DEATH Nov 6 th 5-2
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  C. CITY OR TOWN (If outside corporate limits, vriv.) URALLANDE
Yrs. Mag.	D. STREET ADDRESS (If ryral give location)
5. SET 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under 1 Year If Under 24 Hours last birthday)  Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if etired)  Touse Wife  A Time	11. BIRTHPLACE (State or foreign country)  Washin alon D. 6  12. CITIZEN OF WHAT COUNTRY?
Edgar Evans	Latherne Bowen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	The Charles J. Wittman 3120
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	orantal Infarction orange and thombosis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	cabe des Trellitus
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER 21a. ACCIDENT WAS UNDER.   21b. PLACE OF INJURY (e.g., i	in or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH  ID. TIME (Month) (Day) (Year) (Hour)  INJURY  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  222. I hereby certify that I attended the deceased from deceased alive on 11-6, 1952, and that death occur	ED 21F. HOW DID INJURY OCCUR?
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  A SURIAL CREMA- TION, REMOVAL (Specify)  Burial  A SURIAL CREMA- TION, REMOVAL (Specify)  A SURIAL CREMA- TION, REMOVAL	A A
VS 150	0 0 1 3 1



Registered 52 10144 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: A. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland B. CQUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street andress or DV and HOSPITAL OR Ideation) C. CITY OR TOWN (If out de corporate limits, write RURAL and give INSTITUTION township) JOHNS HOPKINS HOSPITAL an Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WINDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Married 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life even if retired) INDUSTRY WHAT COUNTRY? Housewif 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL ADDRESS (Yes. no or unknown) (If yes, give war or dates of service) SECURITY NO. HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HEPATIC INSUFFICIENCY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (3) ACUTE YELLOW ATROPHY 2 DAYS ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNKNOWN CAUSE UNDERLYING CONDITION LAST. (C) ...

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

LEUKEMIA CHRONIC

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

20. AUTOPSY

(State)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY WHILE AT NOT WHILE

11-1-5 22. I hereby certify that I attended the deceased from\_

1952 and that death occurred at deceased alive on\_ 234 SIGNATURE

23B. ADDRESS

19\_ 11-5-52 19 that I last saw the . to

m., from the causes and on the date stated above. 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL

artion 24A. BURIAL, CREMA-TION REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY .0.0.

City, town, or county

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

MEDICAL

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

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THE PARTY OF STREET STREET STREETS HIS LYMA STATE THE THE WEST Y STREET STATE OF File State State State State 3-11 11 1 1

BALTIMORE CITY HEALTH DEPARTMENT Registered 12 10145 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Nov. 5, 1952 (Type or Print) OSCAR MILTON THOMAS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland West Virginia COUNTY A. STATE - before admission) B. FULL NAME OF HOSPITAL ORU S. (If not in hospital or institution, give street address or Public Health Service location) Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Dunbar Wyman Pk. Drive & 31st Street Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. sength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year It tinder 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 5/28/10 Widower 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTR W. Va. Bus Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caviso Thomas Mary Flizabeth ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 3-07-9787 Records- US PHS Hospital, Balto, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rheumatic heart disease with IInknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, congestive failure and pulmonary injury or complication which caused death.) OUE TO edema, bilaterally ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL YES X 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from Oct. 13 , 1952, to Nov • 5 , 19 52 that I last saw the deceased alive on Nov, 5, 1952, and that death occurred at 11A \_m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED J.A . Hunter US PHS Hospital, Balto, Md. 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A, BURIAL, CREMA 24B. DATE TION REMOVAL (Specify) Dunbar, West Virginia Cunningham 11-9-52 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Howard H. Hubbard, 2503 Edmondson Ave LOCAL REGISTRAR VS 150

t and the state of the state of

6	5 5 6 5	2 10146	BA	LTIMORE CITY H	EALTH DEPARTMENT	52	10146
В	IRTH NO. M	BB 163197			E OF DEATH	Registered N	No
1.	NAME OF D					2. DATE	
Ì	Type or Print)	Carrie A	nderson		A BURNING WELL	DEA11-5-52	
A.	FILL NAME	City, Maryland	tel or institu	tion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, If B. COUNTY	institution: residence before admission)
Н	OSPITAL OR	Baltimore "	ty Hos	pitals location)	c. CITY OR TOWN (If	outside corporate line	s, write RURAL and give
_	3	4940 Easte:	ra Ave		Baltimore	12	( township)
		tay in Baltimore	18	Yrs. Mos. Days	D. STREET ADDRESS (If		
	Female	6. COLOR DR RACE	Sing	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 12. 1912		Under I Year If Under 24 Hours on the Days Hours Min.
1 C	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired	I 10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	
		mas Anderson			Ida Morgan		
15 Ye	5. WAS DECEASE 98, no or unknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO	17. INFORMANT cords: Baltimore 4940 Easte	City Hospita	DDRESS
	18. 434	3.		CAUSE	OF DEATH	2200	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	~			ONSE! AND DEATH
	heart failui	LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	ons the diseas	se.	cestive Heart Disc	12.29	
		ANTECEDENT CAU	SES	Cvet	ic Disease of Lun	Court	,
Z O		OR CONDITIONS.		4G	TO DIEGOSO OF HOM	89	•••••••••••••••••••••••••••••••••••••••
CAL	UNDERLY	HE ABOVE CAUSE (A)	STATING TH		r Polmonale	***************************************	
ERTIF	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
				FINDINGS OF OPER	RATION		20. AUTOPSY?
S V							YES NO X
1 EDI	LYING OR CAUSE OF	ENT WAS UNDER. CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., I farm, factory, street, office bldg.,	etc.) 21c. WHERE DID (1 otc.) INJURY OCCUR?	If in Baltimore City, g	give exact location)
-	D. TIME (	Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			SSERTION B
	22. I hereby	certify that I at		deceased from 9-			Zthat I last saw the
	23A. SIGNAT	ve on 11-5-			rred at 1:45 Pn Mfrom t	ne causes and on th	le date stated above.
		H.C.	hus Te	4. · м. D.	4940 Eastern Ave :	Balto. Md.	11-5-52
24	4A. BURIAL, C	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
1	Burial	1118/	52	Arbutus Me	morial Park Bal	to. County	Md.
L	ATE RECEIVED	RAR		IRE	25. FUNERAL DIRECTOR	()	ADDRESS
	NOV 6-	1059 malu	ylon V	Marine M.P.	Charles K. Kan	v : 802 Mad.	are.
	VS 150		60	100-10	0 0 1 0		
				our.5	ligh		

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3 20 52 10147	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	5 Registered
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2 10147

BIRTH NO. 2	10147	DA	CERTIFICAT	E OF DEATH Register	ed No.
1. NAME OF D				2. DATE OF	20 150
0.51105.05.5	Mary	Eliza	beth Maddox	DEATH J	1/4/52
	City, Maryland			4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNT	
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospi	tal or institut	ion, give street address or location)		limits, write NURAL and give
	27 N. Monre	oe St.		Baltimore 2	( township)
			Yrs.	D. STREET ADDRESS (If rural, give location	n)
ength of s	tay in Baltimore		25yrs. Mos. Days	227 N. Monroe Street	
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH 9. AGE (In year	rs     Under   Year       Under 24   Hours
Female	Negro		ried (Specify)	10/7/9/	) Months Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Cook			ate Family	Isle of White Co., V	la.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME	
Cae	sar Hayes			Emma Mears	
15. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	ADDRESS
No	(11 you, give war or dea	66 Ot 161 1100)	None	Vashti Newby 120 W.21	th. St.
18. 156	1		CAUSE	OF DEATH	INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY	don	conoms of Timen	
(This does	LEADING TO DEA	TH of dying, e. :	(A)	cenoma of Liver	?
heart failt	re, asthenia, etc. It me complication which	ans the diseas caused death	e, ) DUE TO		570 (1) EST (1) EST
	ANTECEDENT CAU				
Z	ANTECEDENT CAO	323	(B)		
O DISEASE	S OR CONDITIONS, THE ABOVE CAUSE (A)				
Y UNDERL	YING CONDITION L	AST.	(C)		
DISEASE RISE TO TUNDERLY					
OTHER S	II SIGNIFICANT COND	ITIONS CO	v.		
hi   TRIBUTING	G TO THE DEATH, BUT	NOT RELATI	ED NC	one	
19A. DATE C			FINDINGS OF OPER	RATION	20. AUTOPSY?
₹ ? (	J.H.H.)	-	ccinoma		YES NO
? (	DENT WAS UNDER	C14000 - 14000 - 15000	ACE OF INJURY (e. g., farm, fectory, street, office bldg.,		City, give exact location)
LYING OF	R CONTRIBUTING DEATH	about nome,	iai in, iscate y, servet, outce bicg.,	insort occur	
21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
F INJURY		m.	WHILE AT NOT WHILE		
22 I hand	y certify that I at		3.7.		1952, that I last saw the
deceased a	Will and	$\frac{1952}{1952}$		rred at 4 P.M., from the causes and	on the date stated above
23A. SJGNA		, 10			23C. DATE SIGNED
hung	u Wanon	rale	1 M.D.	844 N.Carey St.Balt.Md	1. 11/6/52 SIGNED
TION BEMOVAL	CREMA 248. DATE			ERY OR CREMATORY 24D. LOCATION (City,	
Burlal	10/7	152	Arbutus M	emorial Park, Balto. Co	ounty, Md.
DATE RECEIVE	D BY   REGISTRAF	'S SIGNATI		25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGIST	TRAR	1- late	1. 11.00	Charles P Taw 802 Mar	dison Ave.

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VS 150

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J-5290148

BIRTH NO.			CERTIFIC	CAT	E OF DEATH	Registere	d No.	10140	
1. NAME OF D	ECEACED								
(Type or Print)	MURTET.	JONES	3			2. DATE OF DEATH	11/	1/50	
a. Baltimore	City, Maryland				4. USUAL RESIDENCE (W		If insti	tution : residen- before admis	ce ssion)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street ad	dress or ocation)	MARY LAND c. CITY OR TOWN (If	outside corporate li	nits wr		
INSTITUTION	ROVIDENT HO	OSPITA	.I.	200	BALTIMORE		8	O Qtown	
			O CUDA	Yrs. Mos.	D. STREET ADDRESS (If I				
c. Length of s	tay in Baltimore	7 CINCLE	25YRS MARRIED.	Days	8. DATE OF BIRTH	NKI IN ST	16 31 3	19	A //
F	C. COLOR OR RACE		ED, DIVORCED	(Specify)	5/19/1906	9. AGE (In years last birthday)	If Under Months	Days Hours	Min.
10A. USUAL OC	CUPATION (Give kind of		OF BUSINESS	OR	11. BIRTHPLACE (State or for	reign country)	12.	CITIZEN OF	
HOUSEKE	of working life, even if retired)	DOME	IND STITC	USTRY	WHITESRONE, VA		TT	WHAT COUN	ITRY:
13. FATHER'S	NAME	DOM		5	14. MOTHER'S MAIDEN NA		1 1/2	D.A.	
JOHN :	VILLIAMS			25)	CHRISTINNA				
(I es, no or unknown)	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT		ADDR	ESS	
NO	NO		b12-16-0		MARIE JONES(D	)1203 W.1	FRAN	KITN ST	p
	SE OR CONDITION	14		USE (	OF DEATH			INTERVAL BETY	
neart ranu	s not mean the mode oure, asthenia, etc. It mea:	f dying, e. g ns the discase	e.	11/4	Migle M	Mons	_	ldwh	20
injury or	complication which c		.) DUE TO						
z			(B)				2.19		
RISE TO T	S OR CONDITIONS, IF	STATING TH	G E DUE TO					***************************************	******
UNDERLY	YING CONDITION LA	ST.	(C)			***************************************			
Ĕ —									
	II SIGNIFICANT CONDI	TIONS CON							
TRIBUTING	TO THE DEATH, BUT	NOT RELATE CAUSING 1	.D Г			***************************************		***************************************	
19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF	OPER	ATION			20. AUTOPS	Y?
8		l as DIA	CE OF IN HIPV	/ I-	- Lose Williams DID. (III	to D. W. Gu		YES NO	
	R CONTRIBUTING DEATH		CE OF INJURY arm, factory, atreet, of			in Baltimore Cit	y, give	exact location)	
D. TIME	(Month) (Day) (Year)		21E. INJURY O		21F. HOW DID INJURY	OCCUR?	VALUE OF	BIAN JULI	
		m.		TWHILE					
22. I hereb	y certify that I att	ended the	deceased from		ext, 19570 >	20 / , 19	5,4h	at I last sar	v the
deceased a		, 19 <u>52</u> ,	and that death		red at 1. 10m., from th	e eauses and on			
H. H.	aland (	Shis	all XM	. D. 2	3B. ADDRESS	den	23	C. DATE SIG	NED
24A. BURIAL. (STION, REMOVAL (STIENT)	Specify)					CATION (City, to	wn, or co	ounty) (St	tate)
DATE RECEIVE		my		RIIRN	25. FUNERAL DIRECTOR	CM.OJ	AD	DRESS	
LOCAL REGIST		1/14/	baus, My	بر	CHAS. G. COOPER	R_512 CAR			
	7-1								

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C. G. COOP - SALE CHIEF 11 0 10 Charles of the second

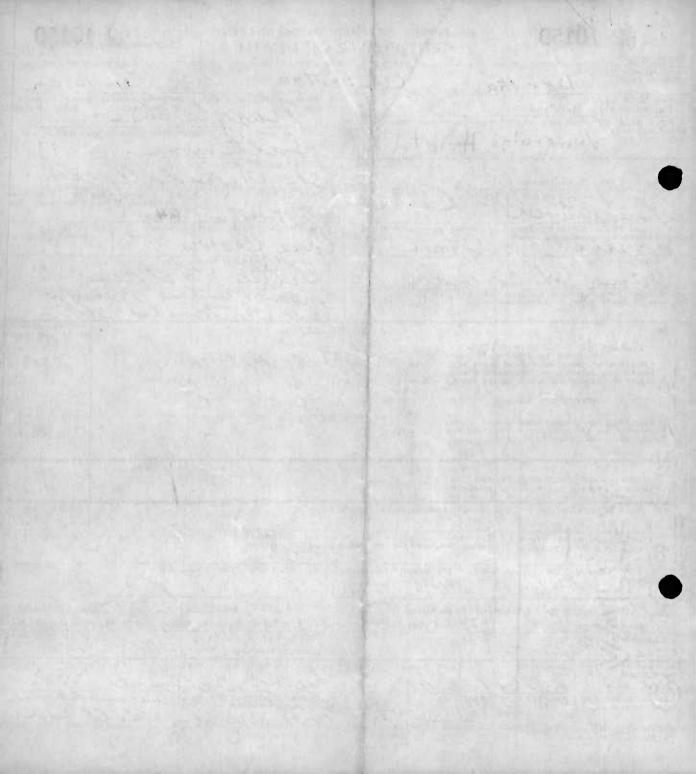
52 10149 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Margaret A. Allick - BETK Nov. 4, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL SESIDENCE (Where deceased lived. If institution; residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2026 Harman Ave., (30) ength of stay in Baltimore Days 6. COLOR DR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female White 11-1-1889 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Sommers Beceased Theresa Deceased. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAUOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, form, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from 10 - 27, 1952 to 1/- 4- 1952 that I last saw the ., 1952, and that death occurred at 653 Pm., from the causes and on the date stated above. deceased alive on 1/- Y-23A. SIGNATURE 24A. BURIAL CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

THE REPORT OF MORE IN CO. DOWNSON SECT 40 . VOL the same were being the (1811-1-E)

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IRTH I	10.	
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## BALTIMORE CITY HEALTH DEPARTMENT

	10150	0,12	CERTIFICATI	OF DEATH	- Regist	ered No. 1.	17.90
1. NAME OF D	ECEACED				2. DATE		
(Type or Print)	BErt	40	Carp	ENTER	OF DEATH	11-1-	52
	EATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased I		ion : residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	VNIVERSITU	4.1	on, give street address or location)	c, CITY OR TOWN	(If outside corpora	te limits, write	RURAL and give township)
angth of s	tay in Baltimore	10	Yrs. Mos. Days	5/5 0	. Bidd	le x	Ul.
Female	Califold	7. SINGLE WIDOW	MAJRIED ED. INVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In y last birthd	ears   Under   Ye lay)   Months Da	ays Hours Min.
	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	17 BIRTHPLACE (S	halles !		TIZEN OF HAT COUNTRY?
13. FATHER'S	NAME W. A	Him	dev	14. MOTHER'S MAI	DEN NAME SILL	Ken	
15. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. PHOPMANT	moshe	Breeze	tes.
(This does	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which o	TH f dying, e.g ns the disease	(A) 57	of DEATH	s theratico	DNS	PERVAL BETWEEN SET AND DEATH
RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH					
OTHER S	II SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D				
. 19A. DATE C	OF OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	RATION			O. AUTOPSY?
LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., larm, factory, street, office bldg.,			City, give exa	ict location)
21p. TIME F INJURY	(Month) (Day) (Year)		WHILE AT WORK AT WORK		INJURY OCCUR?		
22. I hereb	y certify that I att	tended the	deceased from//	- / . , 195	to	, 195, that	I last saw the
deceased a	TURE	, 19	and that death occu	238. ADDRESS	from the causes an	23c.	DATE SIGNED
24A. BURIAL, TION, REMOVAL (S	CREMA- 24B. DATE Specify	101	M. D.	ERY DR CREMATORY	24D. LOCATION (Cit	ty, town, or cour	nty) (State)
DATE RECEIVE LOCAL REGIST		- 14/11		25 SUNERAL OUR	ECTOR Fun	wish of	are.
NOW BE	1952	· tall	7,20	EA	and of	ry .	



### BALTIMORE CITY HEALTH DEPARTMENT

52 10151

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Florence Shipley 4, 1952 DEATH NOV. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or BALTIMORE HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. Agnes Hospital township) CO. HALETHORPE Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 1811 Wynans Avenue Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year last birthday) Months: Days Hours | Min. WIDOWED, DIVORCED (Specify) 27-70 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife OWN HOME Mary and 13. FATHER'S NAME John Wahner Deceased 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO. NONE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ...... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from 10-27, 1952-to 11-4, 1954 that I last saw the . 1952, and that death occurred at 6:20 km., from the causes and on the date stated above. deccased alive on 11-4 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

DATE RECEIVED BY

TION REMOVAL (Specify)

LOCAL REGISTRAR

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2	10152				HEALTH DEPARTM		Registered	52 No	1015	<b>18</b>
В	RTH NO.				TE OF DESTIT	<u> </u>				
	NAME OF D	ECEASED Al nho	nea 1	(uth		2	OF NOV	3.	1952	
Α.		EATH: City, Maryland			4. USUAL RESIDE				tion: reside before adn	
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C.	Length of s	tay in Baltimore	ifetin	747	s. D. STREET ADDRES	SS (If rura		10		
_	SEX	6. COLOR OR RACE	7. SINGLE WIDOW Sing	MARRIED.	8. DATE OF BIRTH		AGE (In years last birthday) M	Il Under 1	Year   If Under	r 24 Hours s Min.
10	A USUAL OC	CUPATION (Give kind of		OF BUSINESS OF		1		1 12 0	ITIZEN OI	<u> </u>
	done during most	of working life, even if retired) ekeeper		ome indus		tave of foreig	in country)	US	VHAT COU	INTRY
13	FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME				
	Fr	ancis X. Mu	ith		Theresa	Witter	nauer			
15	. WAS DECEASE	ED EVER IN U.S. ARMED	D FORCES?	16. SOCIAL	17. INFORMANT			DDRE	SS	
Ye	s, no or unknown)	(If yes, give war or date	a of service)	none security N	Louise Boy	d 331:				
	OlSEAs (This does heart failu	SE OR CONDITION LEADING TO DEA' not mean the mode oure, asthenia, etc. It mea	TH of dying, e.g ins the discase	., (A)e,	E OF DEATH			0	MERVAL BE	
ICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH		Concurama A	right.	BuonX	_	yrı	-(3)
CERTIF	TRIBUTING	II IGNIFICANT CONDI I TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D						
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2	D. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCU	HILE TO	INJURY O	CCUR?			
	22. I herch	y certify that I at	tended the	deceased from			Nov-, 195			
			1952	and that death o	courred at 11 10 m.,	from the	causes and on			
	23A. SIGNA	Transia/	Thurs	al M.D.	3301 N Cha	er &	1-12		C. DATE SI	
2	AA BIIDIAI	CREMA- DATE	-	246 NAME OF CEM	ETERY OF CREMATORY	240 LOC	ATION (City, tow)	n. or co	ontv)	(State)

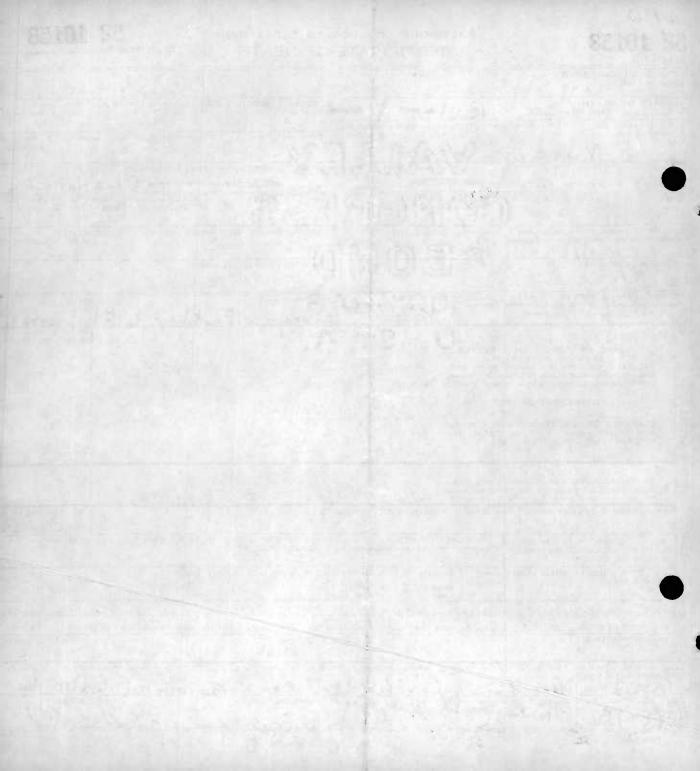
TION, REMOVAL (Specify) Baltimore Maryland New Cathedral Nov 7, 1952

Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR Chas F. Evans & Son ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Turtington

VS 150

Dr. Steward 3301 N. Charles St.

	400						
5	2 10153				EALTH DEPARTMENT E OF DEATH	Registered	52 10158
_	NAME OF DECE	ASED		<b>5.</b>		16.5475	
	ype or Print)		THLEE	EN FEEHLE	54	2. DATE. OF DEATH	OU 5,1952
	Baltimore City,		Ba	140	4. USUAL RESIDENCE (V	Where deceased lived.  B. COUNTY	If institution : residence before admission)
B. H.	FULL NAME OF OSPITAL OR	(If not in hospit	al or institut	ion, give street address of location		BAL	
1N	ISTITUTION		. 1/	m o i	C. CITT OR TOWN		nits, write RURAL and give
1	14	arce	Y	Un Yrs.	D. STREET ADDRESS (If	rural, give location)	6-200
	ength of stay i	n Paltimore	Marie	Mos.	1 1 1 1 1 1 1 1 1	10-1-5	1
5.		OLOR OR RACE	7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under I Year It Under 24 Hours
	F	W	WIDOW	ED, DIVORCED (Specify		last birthday)	Months Days Hours Min.
10	A. USUAL OCCUPA done during most of work	ATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
O. a	housew	fe	Hous	se work	West va		WHAT COUNTRY
13	FATHER'S NAME		11		14. MOTHER'S MAIDEN N.	AME	1 1.57
	How	ard Ka	ne		Anna L	2 1015	
15 Yes	. WAS DECEASED EV	ER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
	no.	Jon Bro war or date	e 01 est 1100)	None	Bernand L. F.	1 2011	a hours was
	18. 443X			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE O	R CONDITION					ONSET AND DEATH
	(This does not	DING TO DEAT	f dying, e. g	· (A) Cere	bral hemorr	hase	36 hrs.
	heart failure, as injury or comp	thenia, etc. It mea dication which c	ns the discase aused death	e.			***************************************
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4	UNDERLYING	CONDITION LA	ST.	(C)			
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2		II FICANT CONDI			. , Collowing		
LI )	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	o Gillary f	istula due to che	6 cystostoma	1/2 45
ار	19A. DATE OF OF	ERATION D 1	9B. MAJOR	FINDINGS OF OPE	RATION	, ,	20. AUTOPSY?
5							YES NO
VED!	LYING OR CO	NTRIBUTING	about home, fi	CE OF INJURY (e. g., arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	If in Baltimore City	, give exact location)
	21D. TIME (Mont	h) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	Moditi		m.	WHILE AT NOT WHILE			
	22. I hereby cer	tify that I att	ended the	deceased from	11/4 , 1952/to	11/5 19	S, that I last saw the
	deceased alive of			and that death occu			the date stated above.
	23A. SIGNATURE	11 /	r		23B. ADDRESS	, , ,	23C. DATE SIGNED
	UC	N. Ivini	-	M. D.	mercy 11	csp. tul	11/5/52
24 TIC	N REMOVAL (Specify	24B. DATE	/	24c. NAME OF CEMETE	RY DR CREMATORY /24D. L	OCATION (City, tov	vn, or county) (State)
D.	1500121	Nov. 8	-27	Lathed	ral Com. B	elair Kd	15a ITO. Mg
45	ATE RECEIVED BY	REGISTRAR	SSIGNATU	PHILALIA-, Mil	25. FUNERAL DIRECTOR		ADDRESS
A	UN P- 1835	1100000	1		Dencel Bro	a >110 B	clair Ka
	VS 150		10	gate gate	100000	1 6	
				1 7 5 4	, , , , , , , , , , , , , , , , , , ,		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Mr. H.C. for Scarboron 94 Charles usv. DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY lun a B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Memorial Huspital INSTITUTION Muin township) Reinal: Delta D. STREET ADDRESS (If rural, give location) Yrs. Mos. mune ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Um. 2 1286 M. manical IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Mary land arming & quant U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elisa lell Beenel 104 44 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO. un munde INTERVAL BETWEEN CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CORONARY THROM BOSIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-

OTIC VLOER GI. BLEEDING TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK , 1952, to Ur. 6. , 1952 that I last saw the 22. I hereby certify that I attended the deceased from Oct. 6. deceased alive on 400, b, 1952, and that death occurred at 900 A.m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED Lugan.

DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

24c. NAME OF CEMETERY OF

TION\_REMOVAL (Specify)

24B DATE

NETRE ST

220 52 10155 BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

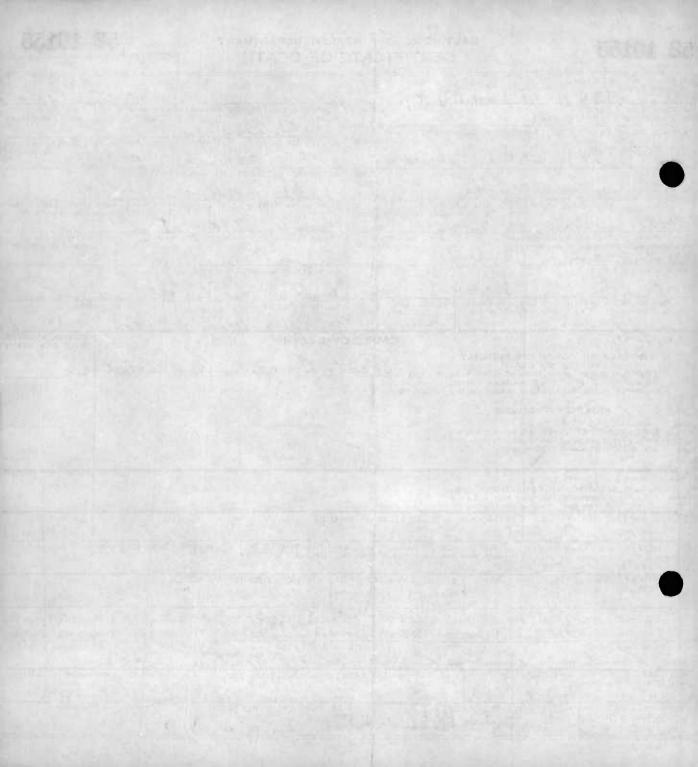
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10155

2. DATE

OF DEATH HOS

3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION alloway Yrs. (If rural, give location) ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months! Days | Hours : Min. narry 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? owner 7aven 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Geste Congestion Cardier Fashere LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK WORK oct. 1038952 22. I hereby certify that I attended the deceased from. , 1952 that I last saw the deceased alive on how. 19 52, and that death occurred atm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE PUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR D= VS 150



## BALTIMORE CITY HEALTH DEPARTMENT

52 10156

)	RTH 1015	р	C	ERTIFICAT	E OF DEATH	Registered Ne	0.00000
1. (T	NAME OF D bype or Print)	ECEASED 9	elbert	mr. Is	el fr.	2. DATE OF DEATH	r. 4,1952
Α.		City, Maryland		mo Whata	4. USUAL RESIDENCE (	Where deceased lived. If in B. COUNTY	nstitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	0	4	, give street address o location	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If outside corporate limits,	write RURAL and give
7	3	JOHNS HOP	KINS HOSPIT	AL Yrs.	D. STREET ADDRESS (I	f rupal, give location)	1-02
0	ength of s	tay in Baltimore	e	Mos. Days	1311 M	Famale	st.
5.	SEX	6. COLOR OR RAC		MARRIED, D, DIVORCED (Specify	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours ths: Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kin working life, even if reti	id of 10B, KIND (	F EUSINESS OR		foreign country)	12. CITIZEN OF
13	FATHER'S	TE Y		1	14. MOTHER'S MAIDEN	NAME	1.34
	Itall	sent m	k Be	ess,	man	Crawford	
(Ye	s, no or nnknown)	ED EVER IN U, S. AR (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	JOHNS HOPKI	//	DRESS
	18. 446	X		CAUSE	OF DEATH	NS HOSPITAT	INTERVAL BETWEEN
	DISEAS	E OR CONDITIO	EATH	111	ea.		1.6
	heart failu	re, asthenia, etc. It re complication which	means the disease,	(A)DUE TO			9 4/4
	injuly of	ANTECEDENT CA		DOE 10	1-01	/	>.
Z	DISEASES	OR CONDITIONS		(B) (M)	enologie	Mersio	Ohis.
ATI	RISE TO T	HE ABOVE CAUSE (	(A) STATING THE	DUE TO	nulinin		
FIC				(C)			
CERTIFICATION	TRIBUTING	IGNIFICANT CON TO THE DEATH, B ISEASE OR CONDIT	UT NOT RELATED				
	- 1	F OPERATION		INDINGS OF OPE	RATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER R CONTRIBUTING DEATH		E OF INJURY (e. g., n,factory,street,office bldg.		(If in Baltimore City, gi	
Σ	21D. TIME INJURY	(Month) (Day) (Ye	WH	E. INJURY OCCURE		Y OCCUR?	
	22. I hereb	y certify that I		eceased from 1	0 26 ,1952 to	11 4 , 1952	that I last saw the
	deceased a	live on 11 4		nd that death occu	erred at 10.45 m., from		e date stated above.
	23A. SIGNA	levil.	we d	iil M.D.	JOHNS HOPKINS		23c. DATE SIGNED
TIC	AA BURIAL,	CREMA-24B. DAT	1059 24	C. HAME OF CEMET	es Com Pu	chill,	State)
D.	ATE RECEIVE	352 REGISTR	ar staignatur	Viscus, M.S.	25. FUNERAL DIRECTOR	William	Sed well 1
	VS 150		<del>-</del> Ø	780 99	2. 6		

2	.00	BOES	CH.		
1	m that'm	MORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	2 10157
1.	NAME OF DECEASED	roesch		2. DATE OF NOS	5 1952
Α.	PLACE OF BEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If inst B. COUNTY	itution: residence before admission)
H	FULL NAME OF (If not in hospital or institution OSPITAL OR STITUTION	a, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
6.	Congth of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If 2-619 W C	rural give location)	-AND
	MALL , White Dove	MARRIED. D. DIVORCED (Specify)	Nov 13- 1905	last birthday) Month	n I Year   If Under 24 Hours   Min.
work	OUSUAL OCCUPATION (Give kind of defectiving most of vorkidar life, even if retired)	OPIS INDUSTRY	11. BIRTHPLACE (State or fo	preign county) 12	CITIZEN OF WHAT COUNTRY?
(13	CON PRED BOES	ch (M)	JAELEN J. B	PEW ing to	o N
/Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANTA SUM	MERS MANH	11 1
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE (A) Multiple TO	ple Pulmmery E	mboli	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OUE TO Brown	Acidosis Moderalista Moderalis	of Hepatic Vent.	
SERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		INDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		E OF INJURY (e. g., in n, factory, street, office bldg., e		f in Baltimore City, give	
_	INJURY	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the dedecased alive on 10. 1952, and 23A. SIGNATURE	ed that death occur	red at 9 m., from t  3B. ADDRESS	he causes and on the	hat I last saw the date stated above.  3c. DATE SIGNED
7	A. BURIAL, CREMA 24B. DATE 11-8-1	ONAME OF CEMETE	RY OR CREMANARY 149. L	OCATION (City, town, or	(State)
	NOV 6 1000 Huntington	Williams M.	25 UNERAL DIAGROTOR	J.M. Wa	CORRES
	VS 150	56836R	Prett V	Stricke	108

NOT A MEDICAL EXAMINER'S CASE !
WELLIAM CONTROL M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

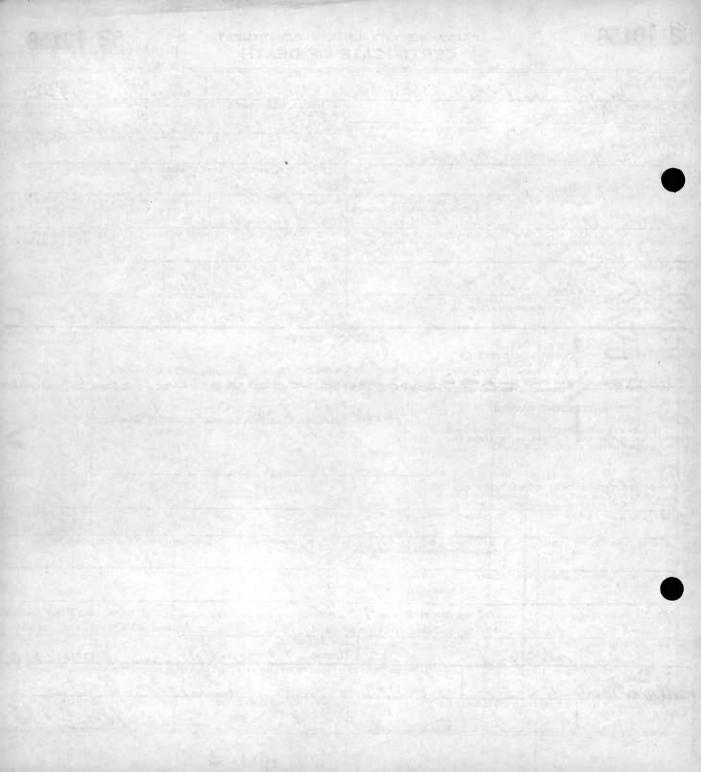
52 10158
BIRTH NO.
1. NAME OF DECEASED (Type or Print)
A. Baltimore City, Mar
B. FULL NAME OF (If: HOSPITAL OR INSTITUTION  WWY ON MEM
c. ength of stay in Ba
5. SEX 6. COLOF

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

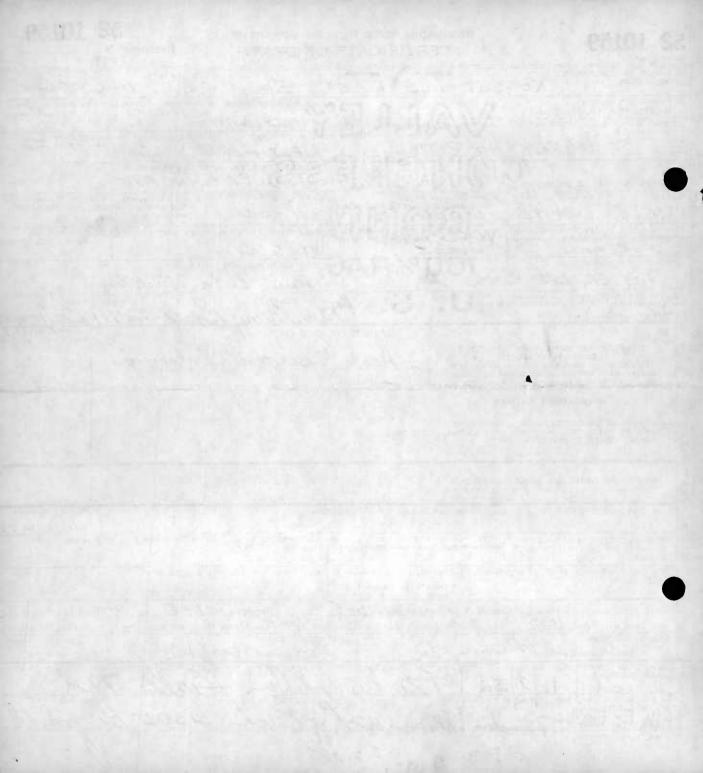
Registered No. 10158

2. DATE OF DEATH

1. (T	ype or Print)	MARY	K. F	REIS	(MRS.	FRE	ERICK	W.)		OF NOV.	151	1952
3.	PLACE OF DE Baltimore C	ity, Maryla					4. USUAL F	RESIDENCE		ceased lived. I		: residence fore admission)
В.	FULL NAME (		n hospital	or institution	on, give street a	ddress or location)	MALY OR	AND	(If outside	PCI/N		URAL and give
	UNION	MENION	141	HOSDI			TAU	150A/	4	Los porate min	ins, write it	township)
1	VIVIUN	MICHILIC	1116	110311		Yrs.	D. STREET	ADDRESS	(lf rural, gi	ve location)		200
C.		ay in Baltin				Mos. Days	205 H	1 4 10 - 1	CTHI	KOAD	9.0-1-3.9	1 8 10 4 - 04 11
5	FEMALE	6. COLOR OR WHITE	RACE	WIDOWI WATC	MARRIED, ED DIVORCEI	(Specify)	B. DATE OF	n 100	6 66 AST	E (In.years birthday)	if Under 1 Year Ionths Day	Hours Min.
	k done during most o	TWO FE	ve kind of if retired)	10в, KIND	OF BUSINES	S OR DUSTRY	MARY	LAND	r foreign co	ountry)	12. CITI	ZEN OF
13	FATHER'S N			1.1.			14. MOTHER	'S MAIDEN	NAME			
	M.Z.	JOHN	ZA	ING			MAR	Y KE	RCHA	IER		
15 (Ye	5. WAS DECEASE a, no or nnknown)	D EVER IN U. S (If yes, give we	ARMED or dates	FORCES? of service)	16. SOCIAL SECURIT	TY NO.	MR. F.W.	PREIS	HUSE	PAND)	SAME	5-
	18. 1517	(			С	AUSE C	F DEATH					RVAL BETWEEN
	DISEAS	E OR COND	ITION E	PIRECTLY	(	0	1111111	- 0	1		1	
	heart failu	not mean the re, asthenia, etc complication	mode of	dying, e. g s the disease	,	m	mo-	a of	s co-	mac	4	
		ANTECEDENT			, 202.10		0- 1					
Z	N. A. SHEALL				(B) 90	nera	lized	care	00000	atoris		••••••
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.												
FIC/												
ERTIF	OTHER S	II	CONDIT	TIONS CON	***************************************							
CEF	TRIBUTING	TO THE DEAT	H, BUT N	NOT RELATE	D		••••	•••••		,		
	19A. DATE O	F OPERATION	19	B, MAJOR	FINDINGS C	OF OPER	TION		/ Seed			AUTOPSY?
EDICA	21A, ACCIDE	NT, SUICIDE		218. PLA	CE OF INJUR	Y (e. g., in		ERE DID	(If in Ba	ltimore City,	yes, give exact	
ED	HOMICIDE	(Specify)		about home, fe	rm, factory, street,	office bldg., e	c.) INJURY	OCCUR?				
Σ	OID. TIME (	(Month) (Day)	(Year)	(Hour) 2	1E. INJURY	OCCURRE	D 21F. HO	N DID INJU	JRY OCCL	R?		
1	INSORT			m. v	WORK WORK	AT WORK						
	22. I hereby certify, that Lattended the deceased from 9 - 20 1952 to 1/- 5, 1952, that I last saw the											
	deceased al		>	, 1952, 6	and that dea		ed at // 4	≥ Im., from	n the cau	ses and on		Stated above.
	234. 5514	Hu	bba	rd		м. р. 2	mon 9	nemore	I Ho	p.	flore	0.1952
S. C.	BURIAL.	pedily	DATE	- 2	4c. NAME OF	CEMETE	Y OR CREMA	TORY 24	COCATIO	(City, tow	n, or county	(State)
	MUMINIATE RECEIVE	D BY   REGI	STRAR'S	SIGNATU	RE	VVVV	25 TUNERA	DIRECTO	OR .	270	ADDRE	\$ 10
_	OCAL REGIST	1957+	or time	ton 1	CH'alles	Mar	TIK	uck	55	051	Yank	m H
=	VS 150		0		5	4	4				1	
l						n 0	0	0 1	4 2		/	



	7-00								50	10:
5	5 101	50		BAL	TIMORE	CITY HE	EALTH DEPARTMEN			10159
BI	RTH NO.	.00			CERTIF	FICAT	E OF DEATH	Reg	gistered No	
1.	NAME OF ppe or Print)		Ros	550	LEE	Ra	co 50	2. DATE	11-1	-52
3. A.	PLACE OF I	DEATH: City, Mar		300	~~~	10716	4. USUAL RESIDENCE	B. C	1	
B. HC	FULL NAME	OF (If	not in hospit	al or institut	ion, give stree	t address or location)			-	AL
IN	STITUTION	ME	RCY	HOSF	PITAL	iocation)	BALTIMOR		poraje limit,	ite RURAL and giv township
1	ength of	stay in Ba	ltimore		MAG.	Yrs. Mos. Days	D. STREET ADDRESS			
5.	SEX		OR RACE		. MARRIED.		8. DATE OF BIRTH	9. AGE (	in years   H Under	1 Year   If Under 24 Hour
10	MA LE		1178	. MA	RRIE	2	1-11-04	1 48		Days Hours Min
work	done during most	tof working life.	even if retired)	WM	SCARIE DS	NOVSTRY	11. BIRTHPLACÉ (State of		ry)   12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S		, ,	2		(W)	14. MOTHER'S MAIDEN	NAME		
15	WAS DECEAS		EE V	ASS EDRCES	16. SOCIAL			le Fi	cklin	
(Yes	VKNOWA	) (If yes, gi	ve war or date	of service)		ITY NO.	Mrs. Mars	Barre	-2411	Dayenne
	18.421	0.1				CAUSE	OF DEATH		~ / / /	INTERVAL BETWEEN
		SE OR CO	NDITION TO DEAT	DIRECTLY		A.	11 1.1	71	/ -	ONSET AND DEATH
	(This doe heart fail	s not mean	the mode o	f dying, e. g ns the disease aused death	(A) ./	House	Myocardial	4nrar	chou	
	injury or		on which c		.) DUE TO					
z	DISEASE				(B)	****************			••••••	
	RISE TO	THE ABOVE	CAUSE (A)	F ANY, GIVIN STATING TH	G E DUE TO					
S	ONDERE	THIS CON	DITION LA	51.	(C)	• • • • • • • • • • • • • • • • • • • •			•••••	
	1131 11		П							
ERTIFICATION	OTHER S	SIGNIFICAL	NT CONDI	TIONS CON	D D					
<u></u> υ	TO THE	DISEASE OR	CONDITION	CAUSING IT	г	of open				
A F	19A. DATE	OF OFERA	IONO	9B. MAJOR	FINDINGS	OF OPER	ATION			20. AUTOPSY?
EDICA		DENT WAS			CE OF INJU			(If in Baltin	nore City, give	exact location)
Σ	21D. TIME		Day) (Year)	(Hour)   2	21E. INJURY	OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?		
	F INJURY				WORK	NOT WHILE		JAT GGGGA		
	22. I herel	by certify	that Latt	ended the	deceased fr	om 11-	5 , 1952 to	11-6	195271	at I last saw th
	deceased a	live on_	11-5	, 19 52	and that de	ath occur	red at 1.00 Am., from	n the causes	and on the d	ate stated above
	23A. SIGNA	TORE	e Be	umen	eld	M. D.	mesey H	25 pital	2:	1-6-52
24	BURIAL.	CREMA- 24	B. DATE	V2	4c. NAME O			LOCATION !	City, town, or e	
K	Jurio		118	52	10	Rus	ood Jem >	(Anl	B TI	rd
DA	TE RECEIVE	TRAR- RE		S SIGNATU	RE		25 EUNERAL DIRECTO	R	AP	DRESS
	MAN P-	1954	touting	ton	Library	Mer	J. Kuck	530	5 Tra	eford A
	VS 150		1 4	5 5	0	523	6/8		/	1
				The state	11 17		-00		U	



165	
52 10180	
BIRTH NO.	
1. NAME OF DECEASED	5

B. FULL NAME OF HOSPITAL OR INSTITUTION

S. PLACE OF DEATH:
A. Baltimore City, Maryland

MARGARUTE M.

1257 E. North Avenue

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

location)

SPRING

(If not in hospital or institution, give street address or

Registered No. 2 10180

(If outside corporate limits, write WURAL and give

before admission)

township)

2. DATE 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Reltimore

2.0		201 20 110.	CAL ALV	01100	I Dat OTHOT					
		dan in Dali		Yrs. Mos.	D. STREET ADDRESS (If					
C		stay in Baltimore		Lif'e Days	1257 E. North					
Э.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED DIVORCED (Specify	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours onths; Days   Hours   Min.			
	H.	W	Singl	VED, DIVORCED (Specify	July 14, 1904		ntils Days Hours Min.			
10	A. USUAL OC	CUPATION (Givekinder	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF			
wor.	k done during most	of working life, even if retired)		INDUSTRY			WHAT COUNTRY			
	Housek		at	home	Baltimore, Md		USA			
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME				
		L. Spring	149		Mamie A. Gar					
(Ye	s. no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 125'	7 E. Northa	paresque 2			
•	no			hone	Miss Margaret					
	10 10 11					darvoy	INTERVAL BETWEEN			
	18.190×			CAUSE	OF DEATH		ONSET AND DEATH			
Е	DISEAS	SE OR CONDITION	DIRECTLY	2.	0.		111			
	(This does	LEADING TO DEAT	f dving, e. :	m (A) Mu	lanssarcos	na	6 months			
	neart failu	ire, asthenia, etc. It mea	ns the diseas	se.	***************************************					
	injury or	complication which c	aused death	L) DUE TO						
	BUILD FOR	ANTECEDENT CAUS	ES							
Z				(B)						
ATION	DISEASE	S OR CONDITIONS, II	ANY, GIVI	NG	***************************************		***************************************			
Ę	UNDERLY	THE ABOVE CAUSE (A)	STATING TO	HE DUE TO						
CA		(c)								
Ē				0,3						
RT	071155	II and the second secon								
ER		GIGNIFICANT CONDITION TO THE DEATH, BUT								
Ü		ISEASE OR CONDITION								
1	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?			
CAL	112 A 412						YES NO 4			
0	21A. ACCID	ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g.,	n or 21c, WHERE DID	If in Baltimore City, s				
	LYING O	R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		, , , , , , , , , , , , , , , , , , , ,			
Z	CAUSE OF									
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?				
	INJURY			WHILE AT NOT WHILE						
			m.	WORK AT WORK		11/11/100				
	22. I hereb	y certify that I att	ended the	deceased from 10	125 , 19 5260	11 7 /5 19	, that I last saw the			
		live on 11/3	A - 3	and that death occu			he date stated above			
	23A. SIGNA		,		23B. ADDRESS	A A	23c. DATE SIGNED			
		Col	In	atta.	12239-N	MH. me	1. / = / 5			
_		300	0	M. D.		0 600- 77	1,1112			
TI	AA. BURIAL.	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)			
	Buria	1 11/7/52				altimore, M				
	ATE RECEIVE		SSIGNATI	JRE	25. FUNERAL DIRECTOR HENRY SANDER	o conta This	ADDRESS			
-	MAN C	BOCKT TO	ton Mi	li.	UTNUT SANDER	K SOND , VING	7.			
-	BALLIN Da	1 styl 1 mounts from	way / A	Contract to the second	BALTO, 13, M	V.Seria 1	Traste -			
	VS 150	0		G. M.	/	- 10 116	well			
			9 5	2001	OIRI					
			- Mr. L	Blow All I	0 0 0 1					

52, 10161

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 5 20 10181

BI	RTH NO.									
1. (T	NAME OF Di ype or Print)		LMINA	F. HURTT		oF NOV.5	,1952			
A.		city, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If inc a COUNTY Land	stitution : residence before admission)			
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits,	DIIDAY and aius			
	ISTITUTION	4 O'Donnel	Stree		Baltimore	- O	township)			
-				Yrs.	D. STREET ADDRESS (If	rural, give location)				
c.	nength of st	tay in Baltimore	Life	Mos. Days	3044 O'Donnel	Street				
5.	SEX	6. COLOR OR RACE		, MARRIED.	8. DATE OF BIRTH	9. AGE (in years If Un	der 1 Year   If Under 24 Hours hs; Days Hours Min.			
	F	W	Wido	ED, DIVORCED (Specify)	December 1,188	72	ns Days Hours Min.			
		CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY?			
	usework		at h	lome	Baltimore, Md.	U	SA			
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN N					
	Louis F	ranke			Fredericka Stu	wen				
Ye	s, no or opknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT 3044		taree t			
1/	0			None	Miss Charlotte	Hurtt				
	18. /5/	× ,		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEAS	E OR CONDITION		P	$\sim$ 1	- /	P 1.1 . 160			
		not mean the mode of	of dying, e. g	., (A)	cenna / F	nuach	JUST 3/3/			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  Calcingua J Strucach  Supt 3/52									
H	ANTECEDENT CAUSES									
Z	(B)									
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)									
Y										
FIC										
H	OTHER S	II IGNIFICANT CONDI	TIONS CON	2 2						
E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION									
2	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i	n nr 21c. WHERE DID	If in Baltimore City, giv	ve exact location)			
VEC	21a. ACCIDENT WAS UNDER.  LYING OF CONTRIBUTING 21b. PLACE OF INJURY (e.g., in nr about home days, foctory, treet, niffice bldg., etc.)  CAUSE OF DEATH  21b. PLACE OF INJURY (e.g., in nr about home days, foctory, treet, niffice bldg., etc.)  INJURY OCCURY.									
-	D. TIME	(Month) (Day) (Year		21E. INJURY OCCURR	Malle					
'	MHILE AT THAT AT WORK									
	22. I hereby certify that I attended the deceased from 9-3-5-3, 19, to //- 5-, \$52, that I last saw the									
					rred at 4m., from					
	23A. SIGNA				38. ADDRESS _		23c. DATE SIGNED			
	-	1 6D Aun	unel	М. D.	F42 8. Fox		11-5-52.			
2. TI	AA. BURIAL, ON REMOVAL (S	CREMA- 248. DATE		24c. NAME OF CEMETE		OCATION (City, town, or				
	burial	11/7/5	2	Trinity Ce		ltimore, Md				
	ATE RECEIVE	D.D.	- description of the party	Life 11 mm	25. FUNERAL DIRECTOR HENRY SANDER &	SONS, INC.	ADDRESS			
11	TV 6 - 19	17 miling	non 117	walls Mit	DATES 12 NA	130 1	Ande			
7	VS 150	0	nel ne		BALIV., 1), The	100801				
			1 9	5 2 0 0	0 1 5 2					

Registered No. 10162 BALTIMORE CITY HEALTH DEPARTMENT 52 10162 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF November 4, 1952 FLORA MAY KNIGHT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 1914 W. Lexington Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Female White July 21-1890 Single 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR own business Baltimore Maryland USA Dress-maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis H. Knight Margaret 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. \*\*\*\*\* No. Miss Mary C. Knight-1914 W. Lexin INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO X YES 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH. 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death-in my opinion resulted from: natural causes \(\mathbb{Z}\), accident \(\propto\), suicide \(\propto\), homicide \(\propto\), undetermined \(\propto\). 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR .... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 2 C NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) NOV:7:1952 LOUDON PARK CEMETERY BURTAL MARYLAND BALTIMORE DATE RECEIVED BY LOCAL REGISTRAR 1300 151 PLACE. . 17

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print)

WALTER MARTIN FITZMAURICE

3. PLACE OF DEATH:
A. Baltimore City, Maryland

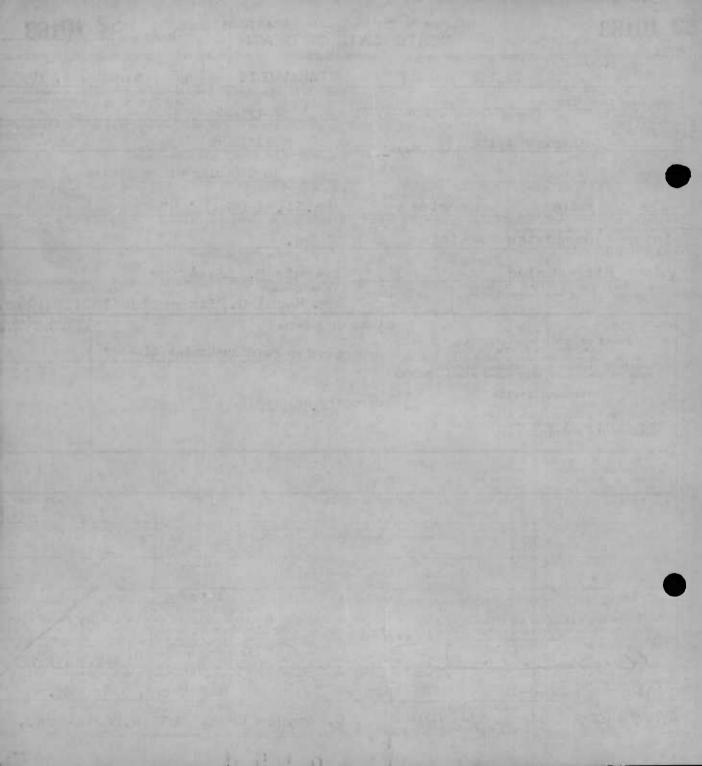
4. USUAL RESIDENCE (Where deceased lived. If in a state of the country of the c

egistered No.	10163

(Type or Print)	WALTER	MARTIN	FITZMAURIC	E OF DEATH	November	5, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryl	and		A. STATE	NCE (Where deceased B. COU		on : residence efore admission)
B. FULL NAME OF 'f not HOSPITAL OR	in hospital or institut	ion, give street address or location)			-1.1.1.	
INSTITUTION	m Hoonital	2004011)	c. CITY OR TOWN		rate limits, write R	township)
Luciera	n Hospital	57 Yrs.		imore SS (If rural, give local	ation)	Very land
ength of stay in Balti	imore	Mos. Days		Poplar Grove		
SEX 6. COLOR O	R RACE   7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In	vears If Under 1 Year	f Under 24 Hours
Male White		red DIVORCED (Specify)	Jan.31. 18	day) Months Day	78 Hours Min.	
10A. USUAL OCCUPATION (Coork done during most of working life, eve	Givekind of 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country		IZEN OF
Painter & Decor			Md.		WH	AT COUNTRY
13. FATHER'S NAME		Const	14. MOTHER'S MA	IDEN NAME		
John Fitzmau	rice		Annie K.	Schaeffer		
15. WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	3011401101	ADDRESS	
(Yes, no or unknown) (If yes, give	war or dates of service)	SECURITY NO.	Mrs Hazel	G. Fitzmaur		
DISEASE OR CONDITION OF THE ABOVE CAUNDERLYING CONDITION OF THE ABOVE CAUNDERLYING CONDITION OTHER SIGNIFICANT TRIBUTING TO THE OFA	TO DEATH tee mode of dying, e. g tc. It means the diseas which caused death T CAUSES TIONS, IF ANY, GIVIN USE (A) STATING TH TION LAST.	(a) Hyper  (b) XXXXX  (b) Coron  (c) (c)	of DEATH tensive card ary sclerosi	iovascular di	ONS	RVAL BETWEEN
TRIBUTING TO THE OEA	TH. BUT NOT RELATE	0				
19A. DATE OF OPERATIO	N 19B. MAJOR	FINDINGS OF OPER	ATION			. AUTOPSY?
						X NO L
21A. EXTERNAL CAUSE UNDERLYING OR CO UTING CAUSE OF	NTRIB - about home, f	CE OF INJURY (e. g., in arm.factory.street.office bldge		ID (If in Baltimor	e City, give exact	t location)
Z 21D. TIME (Month) (Day OF INJURY	, , , , , ,	VHILE AT NOT WHILE	21F. HOW DID	INJURY OCCUR?	THE ROLL	
22. I certify that I to			hove held an	Autopsy	there	on and from
the evidence obtain	ned by said Auto	psy, Inspection or I rom: <u>natural equses</u>	nguiry, find that	utopsy, Inspection or said deceased died suicide , homicid	Inquiry d on the day s	stated above
23A. SIGNATURE	Money	AL M	ASSISTANT ME	DICAL EXAMINER DICAL EXAMINER STIGATOR		, 1952
24A. BURIAL. CREMA. 24B. TION, REMOVAL (Specify)	DATE	NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (Ci	ty, town, or county	y) (State)
Burial   11	-8-1952	Western		Baltimore	e, 1	Md.
DATE RECEIVED BY REGILD	STRAR'S SIGNATU	1. /	25. FUNERAL DIRE		ADDRE	

F 0 564240 1 F A

VS 151



BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

52 J0164	CERTIFICATE	E OF DEATH	Registered No.	70.794
1. NAME OF DECEASED (Type or Print) LAURA V. BOKE	Œ		2. DATE OF DEATH NOV. 5	, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION)  1813 Barclay St.	itution, give street address or location)			before admission)
c. Sength of stay in Baltimore	Yrs. Mos. Days	Baltimore D. STREET ADDRESS (If 1813 Barclay St	b	/ <b>3</b>
female white	GLE, MARRIED, OWED, DIVORCED (Specify) idowed	July 29, 1870	9. AGE (In years li Under last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if retired)  10B. K  10B. K  10B. K  10B. K  11B. FATHER'S NAME	IND OF BUSINESS OR INDUSTRY	Maryland  14. MOTHER'S MAIDEN NA		CITIZEN OF WHAT COUNTRY?
Martin V. B. Lancaster		Caroline Gruver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL	17. INFORMANT	ADDR	DECC.
(Yes, no or unknown) (If yes, give war or dates of service	security No.	Mr. Edwin Bokee		
TDISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused di ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e. g., (A) Consideration (A) Consideration (A) Consideration (B) Consideration (C) C	vioselecticis		6 days.
TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MAJ	ATED	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about he CAUSE OF DEATH  1D. TIME (Month) (Day) (Year) (Hour) INJURY	PLACE OF INJURY (e. g., in me, farm, factory, etreet, office bldg., e	D 21F. HOW DID INJURY	f in Baltimore City, give	exact location)
22. I hereby certify that I attended a deceased alive on here 4, 195  23A. SIGNATURE	the deceased from D, and that death occur		he causes and on the d	nat I last saw the late stated above.  3c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		RY OR CREMATORY 24D. LO	OCATION (City, town, or c	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN. LOCAL REGISTRAR NOV 7 - 1000 Huntington	Loudon Park	25 FUNERAL DIRECTOR		DDRESS
Vs 150	E 0 0 1 1	0 1 5 5	Balto 17.	md.

52 10185 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Abtaham Goldberg OF cv.7,1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission)

В.	FULL NAME	OF (If not in Mospital or instit	ution, give street address or	11100		
	OSPITAL OR	W +	Modation)	C. CITO OR TOWN (	If outside corporate limi	ts, write RURAL and give
10	J	713 Lesslert	our Ld	Haltin	ore 15	township)
			Yrs.	D. STREET ADDRESS (	If rural, give location)	170
c.	bength of	stay in Baltimore	VO Daye	2710 Dece	lectown	1 X de
5.	. SEX		LE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under   Year   If Under 24 Hours onths: Days   Hours   Min.
1	tale	white me	arried		70	onths Days Hours Min.
I C	A. USUAL OC	CCUPATION (Give kied of 10B. KII of working life, even if retired)	DOF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
/	Tetter	eds Ta	low	Kussi	w	WHAI COUNTRY
13	B. FATHER'S	NAME	Chothing (m)	14. MOTHER'S MAIDEN	NAME	
L	Isra	ael	Coviding (1)	Agia		
1 5 Ye	5. WAS DECEAS	ED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17/INFORMANT	0 1 0 A	DDRESS
				Jessee Vol	aperg_	dame
	18. 42			OF DEATH	1	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIRECTL LEADING TO DEATH	Y	The		7
	(This doe	s not mean the mode of dying, e	e.g., (A)	ronary Thro	W 003/5	1 50 min
		ure, asthonia, etc. It means the dise complication which caused des	ase,			
		ANTECEDENT CAUSES	D	orandry Ath		
-			(B)	orandry ATA	1540 25 1540816	
2		S OR CONDITIONS, IF ANY, GIVINE ABOVE CAUSE (A) STATING	TIME	,	) 1/ 5	
-		YING CONDITION LAST.	THE DUE TO	typertensive C	drdio Uds. Da	is Eure
1			(C)			

Diabetes Mellitus

19A. DATE OF OPERATION

TO THE DISEASE OR CONDITION CAUSING IT.

218, PLACE OF INJURY (e. g., io or

about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from.

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

7, 1952, and that death occurred at 3.30 An., from the causes and on the date stated above. deceased alive on 23A-SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE

RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED O E 19B. MAJOR FINDINGS OF OPERATION MEDICAL

21E. INJURY OCCURRED NOT WHILE

NOV

21c. WHERE DID

INJURY OCCUR?

1950, to-

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

20. AUTOPSY

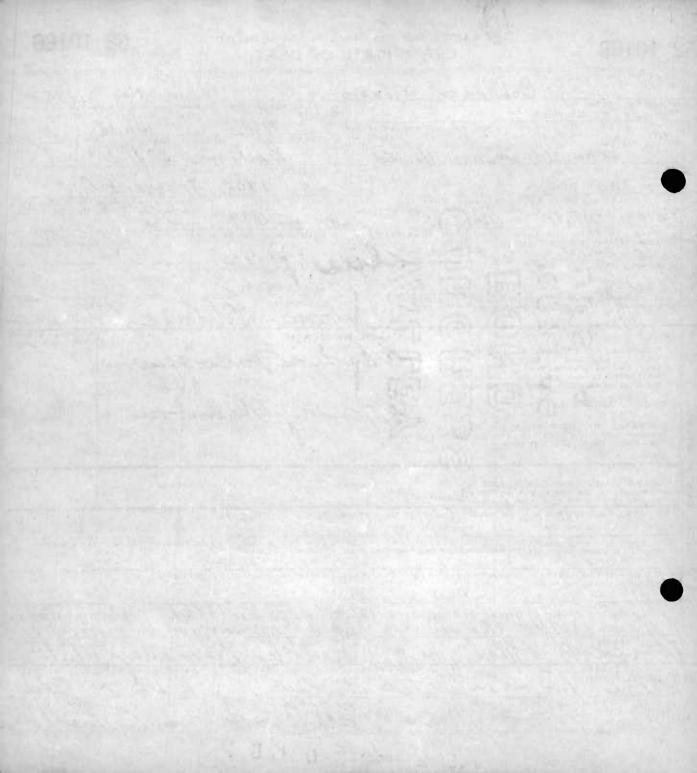
Nou 7, 1952, that I last saw the 23c. DATE SIGNED (State) FION (City, town, or county)

24%. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOC DATE RECEIVED BY ADDRESS SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

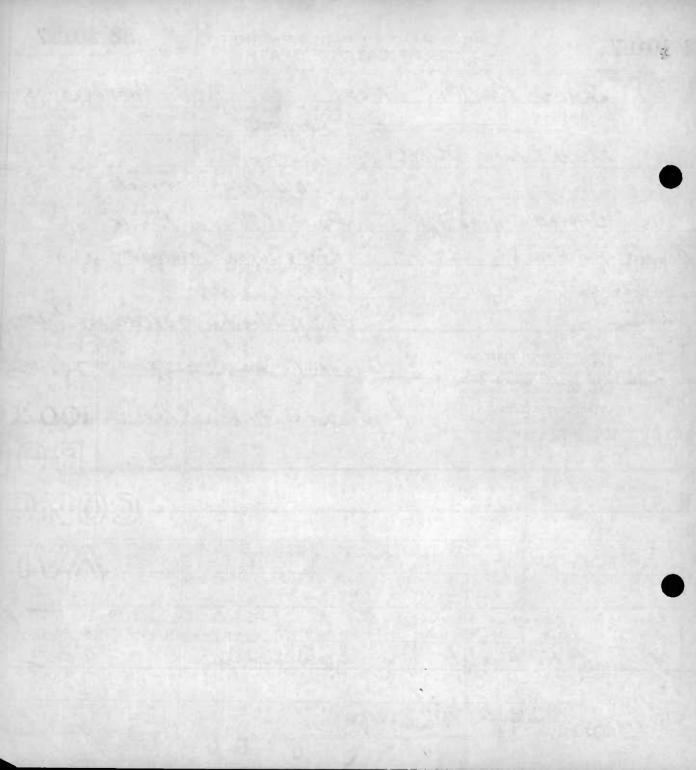
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10166

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Goldress, Morris	2. DATE. OF DEATH Nov. 6,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	m. Ballo.
FRANKIN Square Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Mos. Days	1702 FREDERICK AUE
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Markied	S. DATE OF BIRTH  9. AGE (In years Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND) OF BUSINESS OR workfone during a more of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	/ larylan)
LONG STATE STATE	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17-INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MANAGE STREAMENT ADDRESS
18. 42011 , CAMSE C	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	de ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	we profice
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	now Tohrmborin
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION   198. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
desersed alive on 1 / 22. I hereby certify that I attended the deceased from 10/	
Modo to Theto, M.D. O.	Parellen Squarelles 230. DATE STENED
24A/ BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RYOR CREMATORY 200. COCATION (City, to vn, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	evrew Watto Ma
LOCAL REGISTRAR Turtington Miliaura M. X	alk private 200 outre P
VS 150	7/0 1 5 7
9 5 2 1005	110 1 2 1



400				
2 10167 BIRTH NO. BA	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	10187
1. NAME OF DECEASED (Type or Print) Tomes Pow	Kley Nou	=/	2. DATE OF DEATH NOVEM	bev3.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	11-9	4. USUAL RESIDENCE (V		titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution S26N. Bruce	tion, give street address or location)  Street	c, city of town (If	outside corporate limits, v	vrite RURAL and give township)
ORON. WINCE	Yrs.		rural, give location)	<del></del>
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE	Mos. Days	526 N. BYUC	9. AGE (In years) II Un	der I Year   16 Under 24 Sours
	WED, DIVORCED (Specify)	Feb. 14, 1879		hs Days Hours Min.
10A. USUAL OCCUPATION (Givekind of lob. KIN work done during most of working life, even if retired)  Cement FinishER	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	Country)	WHAT COUNTRY?
13. FATHER'S NAME	In a	14. MOTHER'S MAIDEN N	AME AME	U.S. 71.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Mutuour	n	
(Yes, ao or unknown) (If yee, give war or dates of service)	SECURITY NO.	Hadres Wood	- 139 Bestie	Sur Marke Co
18. 442X 1	CAUSE	OF DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	1104	ENVOL Hemo	mhsõe	>dans
heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,			
ANTECEDENT CAUSES	Hestorto	usive-Cardio. Re	and Bring.	11.km
DISEASES OR CONDITIONS, IF ANY, GIVI	NG //			
UNDERLYING CONDITION LAST.	(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED.	N-			
TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	FD			
19a. DATE OF OPERATION ( 19B. MAJOI	R FINDINGS OF OPER	RATION		YES NO
LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		Y OCCUR?	
m.	WHILE AT NOT WHILE AT WORK		1-3 1052	77
deccased alive on 11-3, 1952	o december ji one	rred at 4:10 P.m., from t		that I last saw the date stated above.
23A. SGNATURE		1631W. Fraully	â	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
DATE RECEIVED BY RECUSTRANS SIGNAT	User.	25. FUNERAL DIRECTOR	Duel	ADDRESS
LOHO PETERSE Tuntington	Milliams, M.	Samuel n	Sullno	more -
VS 150	511 24	10/0A (Be	ington 1	we



5	2 10168	BALTIMORE CITY HE		52	10168
ВІ	RTH NO. 452-26 70	CERTIFICATI	E OF DEATH	Registered No_	
	NAME OF DECEASED BARV	RI OFLIERS		2. DATE OF DEATH	14. 1 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI	THE RESERVE OF THE PERSON OF T	tution: residence before admission)
JHC	FULL NAME OF (If not in hospital	or institution, give street address or location)	c. CITY OR TOWN (If o	puside corporate limits, wr	ite RURAL and give
V	Toskital on romewo	Maryland	Soa	ltimore - 29 -	township)
C.	ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	aral, give location)	di-
2	SEX   6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) Months	
16.	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Jaltin MO - Ma	eign country)	CITIZEN OF WHAT ODUNTRY
13.	FATHER'S NAME	la La	14 MOTHER'S MAIDEN NA	ME	0, 0, 0
15	. WAS DECEASED EVER IN U. S. ARMED F. no or unknown) (If yes, give war or dates o		17. INFORMANT	ADDR	ESS
1		SECURITY NO.			
	DISEASE OR CONDITION D		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., (A)			
	injury or complication which car	used death.) DUE TO			
Z	ANTECEDENT CAUSE	(B)	ematurit	4	28423,
RTIFICATION	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	TATING THE DUE TO		)	
FIC	"	_(C)			
ERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NO				
١	19A. DATE OF OPERATION 19E	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (If	in Baltimore City, give	YES NO Lexact location)
MED	HOMICIDE (Specify)	ebout home, farm, factory, street, office bldg.,			
_	D. TIME (Month) (Day) (Year) (HINJURY	Hour)   21E, INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m.   WORK AT WORK	10374- /	1-1 10524	m4 7 34 41
1			195 70	1 19 21	at I last saw the
1	22. I hereby certify that I attendeceased alive on 11-1,	19 Jana that death occur	red at 600 Pm., from th	e causes and on the d	ate stated above.
		19 Jana that death occur	red at 600 Pm., from th	e causes and on the d	ate stated above
24 TIO	deceased alive on 11 -1,	19 Se and that death occur	38. ADDRESS A Ghur RY OR CREMATORY 24D. LO	Les St 12	BC. DATE SIGNED
	deceased alive on 11 - 1, 23A. SIGNATURE  A. BURIAL, CREMA, 24B. DATE N, REMOVAL (Specify)	19 See and that death occur  Note that death occur  M. D.  24C. NAME OF CEMETE	3B. ADDRESS 29032. Chur RY OR CREMATORY 24D. LO NS MEDICAL SCHOOL NOV 5	les St   23	BC. DATE SIGNED
	deceased alive on 11 - 1, 23A. SIGNATURE  A. BURIAL, CREMA, 24B. DATE N, REMOVAL (Specify)	19 See and that death occur  Note that death occur  M. D.  24C. NAME OF CEMETE	38. ADDRESS A Ghur RY OR CREMATORY 24D. LO	les St   23	Sc. DATE SIGNED  3/5 2  Dunty) (State)
	deceased alive on 11 - 1,  23A. SIGNATURE  A. BURIAL. CREMA 24B. DATE  N. REMOVAL (Specify)  ATE RECEIVED BY REGISTRAR'S	19 See and that death occur  Note that death occur  M. D.  24C. NAME OF CEMETE	3B. ADDRESS 29032. Chur RY OR CREMATORY 24D. LO NS MEDICAL SCHOOL NOV 5	les St   23	Sc. DATE SIGNED    3   5   2     Dunty) (State)

HTADE TO TRADERINED

FO 10000	BALTIMORE CITY H	EALTH DEPARTMENT	J.	2 10169
52 10169	CERTIFICAT	E OF DEATH	Registered N	
1. NAME OF DECEASED			2. DATE	
(Type or Print) Phoebe	Wilmer Hodge	es	DEATH NO	
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission
B. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION	ospital or institution, give street address o location		outside corporate limit	s, write RURAL and giv
1726 57.	PAU/ 57	BALTIMOTO	12.	township
	\$7 Yrs.	D. STREET ADDRESS (If r		
5. SEX   6. COLOR OR RA	re Life Days		AUI ST	
_	WIDOWED, DIVORCED (Specify			onths Days Hours Min
Fra Ale White	ind of 10B. KIND OF BUSINESS OR	5ept 6, 1865	F7	12. CITIZEN OF
work done during most of working life, eveo if re	lind) INDUSTRY	MARYLAND		WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0. 5. 7
Charles Wilm	er	MARY WL.	TINgham	
15. WAS DECEASED EVER IN U. S. Al (Yes, no or unknown) (If yes, give war or	RMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
No		Miss H	odees 17.	26 87 PAUL ST
18. 332X	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION	DEATH 91104	til Buttere	- Much	1 3 A M LOR
(This does not mean the mo heart failure, asthenia, etc. It	means the disease.	un Ayeruna	1) Ceremi	2 30 7
injury or complication which	0.000	mores myses	whol	5 days
ANTECEDENT C		Time quite		(Facture)
DISEASES OR CONDITION	S, IF ANY, GIVING (A) STATING THE DUE TO		<b>J</b>	
UNDERLYING CONDITION	LAST.	live Hypertros	le	30 years
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I				
TRIBUTING TO THE DEATH, I	ON CAUSING IT.			
19A. DATE OF OPERATION	198, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDE	R.   218. PLACE OF INJURY (e.g.,	io or   21c. WHERE DID (If	in Baltimore City, a	YES NO
21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTION CAUSE OF DEATH		etc.) INJURY OCCUR?	in Datimore Oity, g	give exact location)
21D. TIME (Month) (Day) (Y			OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I	attended the deceased from 6-	et 1976, to W	v 6 , 195:	that I last saw th
deceased alive on NIV	attended the deceased from 6- 5, 1952, and that death occur		e causes and on th	he date stated above
23A. SIGNATURE	a G Thills	1 & Care st	Bolta Wed	NIU 6, 1952
24A. BURIAL, CREMA- 24B. DAT	TE 24C. NAME OF CEMETE	RY OR CREMATORY   24D. LO	CATION (City, town,	
BUTIAL Nov.	7,1952 Greenmoun	T Cometery BAL	Times	Md
DATE RECEIVED BY   REGISTR	AR'S SIGNATURE	25. FUNERAL DIRECTOR	7.7076	ADDRESS
NOV 7 = 1957	Intington Williams M.	Glen J. Seet	5209 Vo	rx Rd
VS 150	to down	,		
	2011			
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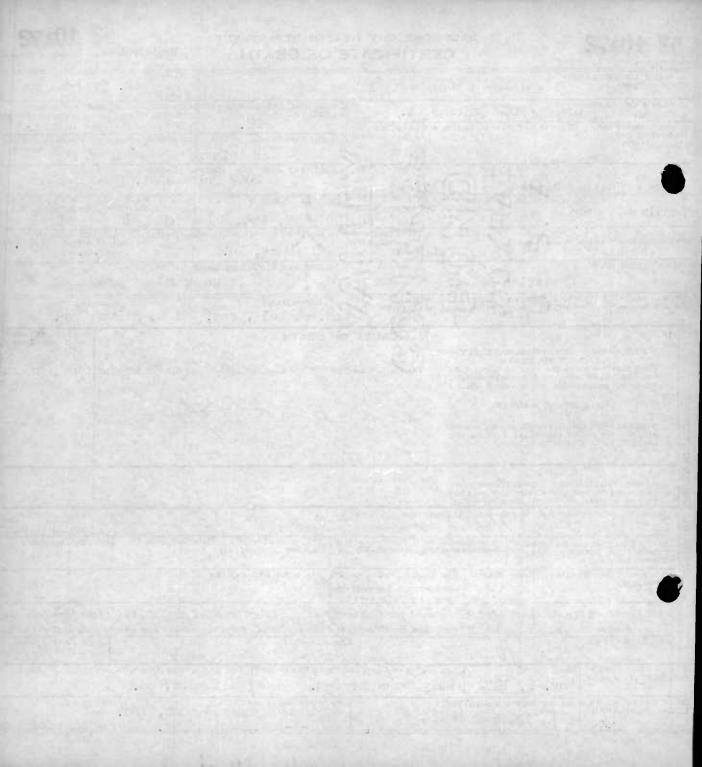
Registered No. 10170 BALTIMORE CITY HEALTH DEPARTMENT 10170 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4, USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OF TOWN INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDDINED DIVORCED (Specify) last birthday) Months! Days Hours! Min. 8 Vidoused 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN WAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL NTERVAL BETWEEN 1B. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CURONARY ARTCRIAL disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARTERIO SCLEROSIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIF AUdomiNAL GiliARS OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED WALL ALSCESS-STERILE-TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Chole &43 T. duo de NAI CA chole egsTitis -ChRONIC 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK 1952 to 193 that I last saw the 22. I hereby certify that I attended the deceased from. 19 52 and that death occurred at 4.15 Am., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A, SIGNATURE 238. ADDRESS 24D. LOCATION (City, town, or county) 24A. BURAL CREMA- 24B. DATE TION REMOVAL (Specify) 24E NAME OF CEMETERY OR CREMATORY 8-52 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR rastours 638 VS 150

16	1-640							<b>~</b> 0	10:
5%	1017	3-260				OF DEATH		OR Legistered No.	10171
1.	NAME OF D Type or Print)	ECEASED	nie!	Steeling	. (	Carroll	2. DA	11/7/-	•
	PLACE OF D.			- Cherry	4	. USUAL RESIDENCE STATE	DEA CE (Where dec		itution : residence before admission)
В.	FULL NAME			tion, give street add	dress or	MId.			
	ISTITUTION	D in	- ,/	spital	c.	Balto.	(If outside c	orporate limits, w	rite RURAL and give township)
-		Rovident	710	spilal		STREET ADDRESS	(If rural, giv	e location)	
d		tay in Baltimo		5	Days		Leslie	54.	
5.	SEX	6. COLOR OR R		E. MARRIED, WED, DIVORCED		DATE OF BIRTH	9. AGE	(In years It Under birthday) Months	Days Hours Min.
10	A. USUAL OC	CUPATION Give	kind of 10B. KIN	D OF BUSINESS	OR 11	BIRTHPLACE (Stat	e or foreign con	intrvi   12	CITIZEN OF
WOT	k done during most o	of working life, even if r	retired)	IND	USTRY	Balto, n			WHAT COUNTRY?
13	FATHER'S	IAME	0		14	MOTHER'S MAIDE	EN NAME		
-	Jose	ph	Carr			mary	Jon	es	
(Ye	e, no or nnknown)	(If yes, give war	or dates of service)	16. SOCIAL SECURITY	NO. 17	Mother		ADDE	ame
	18. 776	× .		CA	USE OF				INTERVAL BETWEEN
	DISEAS	E OR CONDIT		,	Pres	at Bu	th		41.
	heart failu	not mean the nire, asthenia, etc.	node of dying, e. It means the disea	ase,	1,00,	Rome D	we	•••••	1 Mays
	injury or	complication wl		th.) DUE TO	20	14. 1 0		H	)
Z		ANTECEDENT	CAUSES	(B)	rn	Myle J.	regran	eca win	/
RTIFICATION	RISE TO T	S OR CONDITION HE ABOVE CAUSIVING CONDITION	E (A) STATING						
IFIC				_(C)			*****		
ERT		II SIGNIFICANT C S TO THE DEATH,							
Ü	TO THE D	SEASE OR CONE	DITION CAUSING		ODERATI	ON			20, AUTOPSY1 .
AL	19A. DATE O	FOFERATION	D TSB. MAJOI	R FINDINGS OF	OPERATI	OIV			YES NO NO
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY , farm, factory, street, off		21c. WHERE DID INJURY OCCUR?	(If in Bal	timore City, give	exact location)
Σ	21D. TIME (	Month) (Day) (	Year) (Hour)	21E. INJURY OC	CURRED	21F. HOW DID IN	JURY OCCUI	₹1	
	Mooki		m.		T WHILE				
			I attended the	e deceased from	10/2	7 7 1952, t			hat I last saw the
	deceased al	ive on //o	1 / 1 /	and that death	occurred	at A. m., fr	om the caus		late stated above. 3c. DATE SIGNED
		Kuly	sh (),	le Myng	6	426 N. U	John	W	11/3/52
710	4A. BURIAL, CON, REMOVAL (S	pecify)	ATE	24c. NAME OF	N HOPKINS	MEDICAL SCHOOL N		City, town, or o	county) (State)
	ATE RECEIVE		RAR'S SIGNAT	URE	25	FUNERAL DIRECT	TOR	AC	DRESS
N	UV 7 - 10	50 The	tington)	Villians	42	Mustre	ton With	A1100 M.T	>
	VS 150	U60	0	The state of the	0 10	0 10	6 9	3 8	
				y wo con	50	U	- 4		

THE PROPERTY OF SERVICE OF SERVIC A HERSEN OF STREET

59 40 mm

	52 10172 RTH NO.					E OF DEAT		Registered		1017	2
1.	NAME OF DECEAS	ELIZ.	ABETH I	DA WOLF				2. DATE NOV.	5,	1952	
B. H	PLACE OF DEATH: Baltimore City, I FULL NAME OF DSPITAL OR ISTITUTION	Maryland 201	12 Orle	on, give street ad	dress or ocation)	4. USUAL RESIDE A. STATE MC	d.	B. COUNTY		before adm	nission)
d	ngth of stay in	Baltimore		life	Yrs. Mos. Days	D. STREET ADDRE	SS (If r	Lancour Lancou	7		
		LOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED. DIVORCED Wido		July 17, 188		9. AGE (In years last birthday)	If Under 1 Months		24 Hours Min.
	A. USUAL OCCUPATE done during most of workin housewife	g life, even if retired)	108. KIND	of BUSINESS at home	OR USTRY	Baltimore,	State or for	eign country)	1 77 3	WHAT COU	
13	FATHER'S NAME	Christia	n Drive	r	- 157	14. MOTHER'S MA		ме known	,		
15 (Ye	s, no or unknown) (If y	R IN U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY	NO.	Wm. C. Wolf	, son,		ADDRE		
CERTIFICATION	(This does not m heart failure, asth injury or compli	icnia, etc. It measiention which concerns cause (A) CONDITIONS, IF DVE CAUSE (A) CONDITION LA	H ( dying, e. g. ns the disease aused dcath.  ES ANY, GIVIN. STATING TH ST.  TIONS CON NOT RELATE!	(B)		ulizy 14 +	Car Li	gh	to	2,4	1.
	19A DATE OF OPE		- Control	FINDINGS OF	OPER.	ATION Off	- 0	ligh		20. AUTOF	NO 4
MEDICAL	210. TIME (Month INJURY)  22. I hereby cert deceased alive on 23A. SIGNATURE	TRIBUTING []  (Day) (Year)  ify that I att	(Hour) 2 m. ended the	deceased from and that death	CCURRE T WHILE T WORN	ED 21F, HOW DID	INJURY	15/5-, 19	, the	ut I last sa	aw the
2.4 TI	AA. BURTAL, CREMA- DN. REMOVAL (Specify) BURTAL				EMETE	Cem.		CATION (City, tow more, Md.	n, or co	únty) (	State)
L	ATE RECEIVED BY DCAL REGISTRAR	REGISTRAR'S		•	M.D	25. FUNERAL DIR Schimunek Fi 2601-3-5 E.	ector uneral		ADE	RESS	
	V\$ 150 VV	AP-13		5 0	0	101	6 5	3			



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	2 1017	72				EALTH DEPARTM			2 101	73
	RTH NO.			CERTII	FICATI	E OF DEATH	1	Registered	1 140	
	NAME OF E	MR GE	PRGEI	O. STEI	VER			2. DATE OF DEATH //-	4-52	-
	PLACE OF E	City, Maryland				4. USUAL RESIDER	NCE (W		If institution	
	FULL NAME	OF (If not in hospit	al or instituti	on, give stree	et address or location)	C. CITY OR TOWN	YKAN	outside corporate lin	DALTIM	
	CTITUTION	833 N. LAK	= wood	Ave		70	IMO	- /	- 0 2	township)
				///	Yrs.	D. STREET ADDRES		ural, give location)		
c.	Length of s	stay in Baltimore	30	yrs.	Mos. Days	833 N.	- 61	KEWOOd	Ave	
5.	SEX	6. COLOR OR RACE		ED, DIVORO		8. DATE OF BIRTH		9. AGE (In years last birthday)	Il Under I Year Months: Day	H Under 24 Hours Hours Min.
10	M	I W	Wie	odved		10/16/187		77		
worl	done during most	CCUPATION (Give kind of of working life, even if retired)	Western	OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (St		eign country)	12. CITI WHA	AT COUNTRY
_	. FATHER'S		western	Ma. n.	n.	14. MOTHER'S MAI		ME	1 0.	SA
		Wilson St	eiver			14. 110111211 0 11111	DEN NA	Amelia Ar	bogast	
		ED EVER IN U. S. ARMEI		16. SOCIA		17. INFORMANT			ADDRESS	
(1 6	no	(If yes, give war or date	s or service)	SECU	RITY NO.	Pauline Conno	or, de	ht, Glen A	rm, Md.	
	18. 421	1.0			CAUSE	OF DEATH				RVAL BETWEEN
		SE OR CONDITION			0 +	- 1 +	- ,/	1.11		AND DEATH
		LEADING TO DEA	of dying, e. g		Soll	moderate	e Ne	art plists	se :	y so
	heart fail	ure, asthenia, etc. It mea complication which	ans the disease caused dcath	e, .) DUE TO						
Į,		ANTECEDENT CAU	SES		1	chal Van	1	6 1	/	
Z	DISEASE	ES OR CONDITIONS, I	F ANY GIVEN	(B) .	Str	West Vasco	wor	luder		
Ĕ	RISE TO	THE ABOVE CAUSE (A)	STATING TH							
ERTIFICATION	ONDERRE				no. 1	bont arten		lem		
브	OF IN THE	- 11		(C).	Con	0.10-00,0-0	-			
ER	TRIBUTIN	SIGNIFICANT COND IG TO THE DEATH, BUT	NOT RELATE	D						
U		OF OPERATION	9B. MAJOR		OF OPER	RATION			20.	AUTOPSY?
AL		None			Non	e			YES	NO X
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJ	URY (e. g., i	etc.) INJURY OCCUR		in Baltimore Cit;	y, give exact	location)
ME		Mone		None				Your		
1	D. TIME INJURY	(Month) (Day) (Year		21E. INJUR	Y OCCURR NOT WHILE		,			
		None	m.	WORK	AT WORK	7	None			
	22. I herel	by certify that I at	tended the	deceased f	rom	Left, 1951	, to 4	nov. , 19	that I	last saw th
	deceased a	live on 4 hov	_, 19 <u>3と</u> ,	and that d	eath occur	rred at 1.75 p.m.,	from th	e causes and on	the date:	stated above
	234. 5014	usles . P.	Jum	y Int	( M. D.	2722 8. 7	non	1 11	11/	14/52
24	AA. BURIAL.	CREMA- 24B. DATE		AC. NAME		RY OR CREMATORY		CATION (City, to	wn, or county	(State)
1.1	Buria	Nov. 7,	1952	Morelan	nd Mem.	Park	Ва	ltimore, M	ld.	
D.	ATE RECEIVE	ED BY   REGISTRAR		RE.		Schimunek F	cror	1 Home. In	ADDRE	SS
1	OV 7 - 1	952 Thurt	metor	Visibials	AA- MJ	2601-3-5 E.	Madi	son St.		
	VS 150		1 C F		A					
			7	) din	1 ()	0 1 6	0			

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52 10174 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) COLLINIS WILLIAM DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR LOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Mos. ength of stay in Baltimore Davs AGE (In years | | Under 1 Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 0-4032 18. 4201 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

P INJURY

WHILE AT NOT WHILE

WORK

22. I hereby certify that I attended the deceased from 1/6/5-19, to 1/6/5-19, that I last saw the deceased alive on 3 9 9 19

and that death occurred at 3.32 m., from the causes and on the date stated above.

22. I hereby certify that I attended the deceased from 19, to 19, to 19, that I last saw the deceased alive on 319 and 19, and that death occurred at 322 m., from the causes and on the date stated above.

23A. SIGNATURE

Social M. O. 23B. ADDRESS

M. O. 23B. ADDRESS

Luthuan Hosp. of Md. 23C. DATE SIGNED 11/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

DILLIAR

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE,

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE,

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE,

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE,

LOCAL REGISTRAR'S SIGNATURE,

LOCATION (City, town, or country)

(State Page 1975)

REGISTRAR'S SIGNATURE,

LOCATION (City, town, or country)

LOCAL REGISTRAR'S SIGNATURE,

LOC

AND III ..

VS 150

by mit si 

BALTIMORE CITY HEALTH DEPARTMENT 52 10175 Registered No 10175 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Britcher. John Henry 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY

DEATH November 6, 1952

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Marviand

D. STREET ADDRESS (If rural, give location)

11. BIRTHPLACE (State or foreign country)

3620 Greenmount Avenue

Baltimore

Pennsylvania

Coronary occlusion with

Myocardial infarction

Diabetes mellitus

21c. WHERE DID

INJURY OCCUR?

14. MOTHER'S MAIDEN NAME

8. DATE OF BIRTH

17 INFORMANT

(If outside corporate limits, write RURAL and give

If Under 1 Year last birthday) Months; Days Hours; Min.

23 ADDRESS

12. CITIZEN OF

WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

NO

YES

(If in Baltimore City, give exact location)

9. AGE (in years

Un Knows

townshin

(If not in hospital or institution, give street address or c. CITY OR TOWN

St. Joseph's Hospital

ngth of stay in Baltimore

Mos.

Days

7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widower

10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL

SECURITY NO

DODESCOOL

DUE TO (C) .....

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

WHILE AT

WORK

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR? NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from October 28, 1952 to November 6, 1952 that I last saw the

deceased alive on hove. 6, 1952, and that death occurred at 4:052 m., from the causes and on the date stated above. 23B. ADDRESS 1400 N. Caroline Street

25. FUNERAL DIRECTOR

24c. NAME of CEMETERY OF CREMATORY | 24d. LOCATION (City, town, or county)

VS 150

DICAL

B FULL NAME OF

13. FATHER'S NAME

Unknown

19A. DATE OF OPERATION

CAUSE OF DEATH

23A. SIGNATURE

24A. BURIAL, GREMA-

Surial

DATE RECEIVED BY

BOOAL REGISTRAR

F INJURY

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

248. DATE

6. COLOR OR RACE

DISEASES OR CONDITIONS, IF ANY, GIVING

White

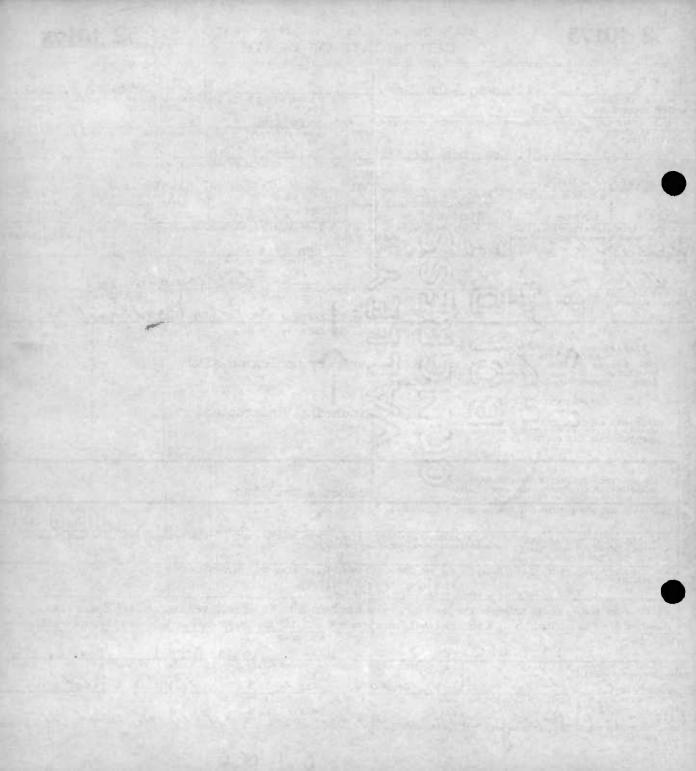
Conductor

HOSPITAL OR

Male

REGISTRAR'S SIGNATURE

oudon



# BALTIMORE CITY HEALTH DEPARTMENT

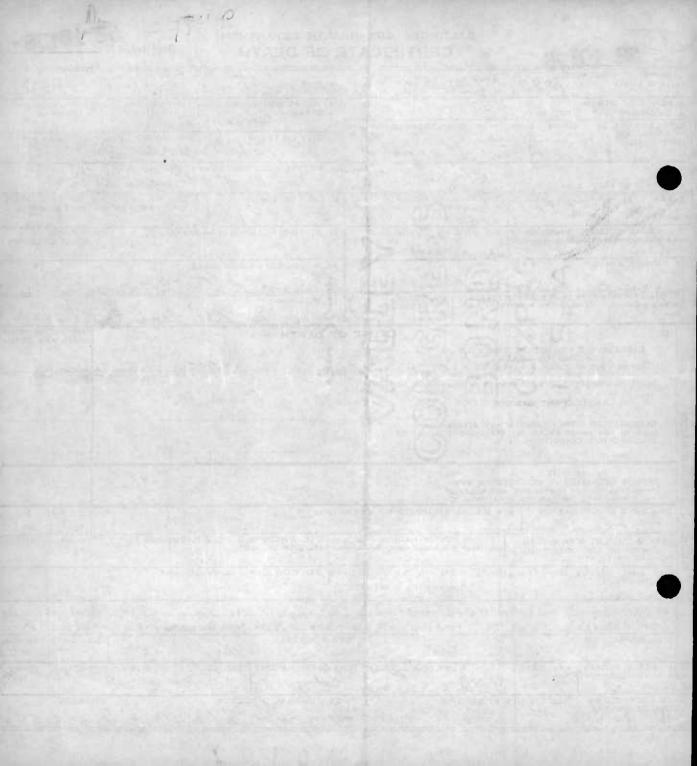
52	10176
Registered No.	
DATE OF DEATH Te deceased lived. If inst	52 citution: residence before admission)
side corporate limits, w	
al, give location)	st.
AGE (In years If Unday) Month	
m country) 12	. CITIZEN OF WHAT COUNTRY?
Shorla	
32 Over	Lrook Rd.
48.00	INTERVAL BETWEEN ONSET AND DEATH
ewy	2 yso
7	6ucs
lung	1 wk
	20. AUTOPSY?
n Baltimore City, give	exact location)
CCUR?	
1952, t	hat I last saw the
COURDS DAID ON THO I	TILLY STUTED ADAMS

	0.0 1.0 1.7	U	CERTIE	ICATI	E OF DEATH	Registered	No.
orbod-	IRTH NO.		OLIVI II		- 01		
1.	NAME OF DECEASE ype or Print)	DX	Thering (	11	11:4:0	2. DATE ///	5/50
-	DI AGE OF DEATH	w (a	THETHER C	1. 4	UUIXA	DEATH	0/32
A	Baltimore City, M.				A. STATE	CE (Where deceased lived, I	f institution : residence before admission
	FULL NAME OF (I	f not in hospits	l or institution, give street	address or		a	
	ISTITUTION	3		location)	c. CITY OR TOWN	(If outside corporate limit	its, write RURAL and giv
1	2219	POR	894 Trova	57.		Salto /	S - 4 Wwnship
1				Yrs.	D. STREET ADDRESS	(If rural, give location)	1
C	ength of stay in I	Baltimore		Mos. Days	2219 1	oplan Trov	2 5/.
5	SEX 6.COL	OR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCE	D-(Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours fonths: Days   Hours   Min
17	inala W	hite	4/irlowed	1	4/20/18	84 63	Days Hours will
10	A. USUAL OCCUPATI	ON (Givekind of	108. KIND OF BUSINE	SS OR	11. BIRTHPLACE (State		12. CITIZEN OF
MOL	k done during most of working !	ife, eyen (fretired)	Ut No	NDUSTRY	Bak	25. md.	WHAT COUNTRY
13	FATHER'S NAME	THE !	77 5406	ut	14. MOTHER'S MAIDE		
	7	11 21			Sn.	1-10 01	0
11	. WAS DECEASED EVER	IN U.S. ADMED	FORESCE LAS SOCIAL		C 81741	22/h 9/102	12
(Ye	e, no or nnknown) (If yes,	give war or dates	of service) SECURI	TY NO.	17, INFORMANT		ADDRESS
	No -	~~~	212-30-0	855 1	lary C. Koun	uson 32 Ovi	24 Krook Kd
	1B. 171X		, (	CAUSE	OF DEATH	F But and the second	INTERVAL BETWEEN
8.9	DISEASE OR CONDITION DIRECTLY						5.102. 7.110
	(This does not mean the mode of dying, e.g., (A)						2 Mgs
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
4							,
7	ANTECEDENT CAUSES (B) les Ciri de atos 5						6lus
Ó	DISEASES OR CO					***************************************	***************************************
F	RISE TO THE ABOV	NDITION LA	STATING THE DUE TO				
0			(C)		***********************************	***************************************	
쁘		11		- 20		0	
RT	OTHER SIGNIFIC	ANT CONDI	TIONS CON-	me	wanted.	1:0.00	11158
CE	TO THE DISEASE O	R CONDITION	CAUSING IT	1000	" Carrier	factors	1,0076
L	19A. DATE OF OPER	ATION 19	B. MAJOR FINDINGS	OF OPER	ATION		20. AUTOPSY?
3		0					YES NO
DICAL	21A. ACCIDENT WA		21B. PLACE OF INJU about home, farm, factory, street	RY (e.g., h	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
ME	CAUSE OF DEATH	RIBUTINGL		.,	III. GOOGIA		
1	D. TIME (Month)	(Day) (Year)	(Hour)   21E. INJURY	OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	INJURY		m. WHILE AT	NOT WHILE			
	22 11			1	J. 1 105%	100/ 8 105	20.11.
	22. I hereby certagy that, I detended the deceased from						
	23A. SIGNATURE	1000	, 19 and that dec		3B. ADDRESS	om the causes and on	23c. DATE SIGNED
	A SULLES	Kest	en Jon	2	835 Suy 4	ns 4005/K	10/6/52
2	10.0	24B. DATE		CEMETE	RY OR GREMATORY   24	4p. LOCATION (City town	n, or county) (State)
TH	ON REMOVAL (Spegify)	11/8	-	0		D. At G	201
-	Suniax	/ /.	52 0	0770	21-112	Ballo,	o. ma.
	ATE RECEIVED BY	REGISTRAR	SIGNATURE	1 11	25. FUNERAL DIRECT	. 017	ADDRESS
	VIIIV I no TURY	( Murry	TOUR ALLO	May Wind	41 - work year	1217 31 /	nesk st.

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L	070					<b>F0</b>	10:
	52 10	المالمة المالية	BAL	TIMORE CITY HE	EALTH DEPARTMENT	52	10177
52 10177 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH						Registered No.	
1.	NAME OF D					2. DATE	
	ype or Print)		ry Anna	a Krug		1	er 5, 1952
3. A.	Baltimore C	City, Maryland			4. USUAL RESIDENCE (W	There deceased lived, If inst B. COUNTY	itution: residence before admission)
	FULL NAME			ion, give street address or location)		outside componete limita u	mite DIIDAY I -i
IN	STITUTION	Twilight N 1913 Eutaw		Home	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore		
C.	Length of s	tav in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 5300 Beaufort Avenue		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year   If Under 24 Hours		
	female	white		ried (Specify)	May 18, 1885	last birthday) Month	B Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108, KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)   12	CITIZEN OF WHAT COUNTRY?
	housewife	е	own	home	Dayton, Ohio		WHAT COUNTRIT
13	. FATHER'S N		••		14. MOTHER'S MAIDEN NAME		
15	WAS DESCRICE	George W.		A STATE OF THE STA	Theobista Stemm	er	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL SECURITY NO.					17. INFORMANT Charles J. Krug,	5300 Beaufort	
	18. 442	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITION DIRECTLY  (A) Heart failure asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO Viscosia multiple of the sleep of the						4 or syl
	injury or complication which caused death.) DUE TO						of days
_		ANTECEDENT CAUS	ES				
ő	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					**************************************	• • • • • • • • • • • • • • • • • • • •
CERTIFICATION	UNDERLY	ING CONDITION LA	ST.	(C)			
FIC				(3)	***************************************		
RT		II IGNIFICANT CONDI					
CE		TO THE DEATH, BUT SEASE OR CONDITION			••••••		**************************************
	19A. DATE O	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	214 ACCID	ENT WAS UNDER-	21n Di /	ACE OF INJURY (e. g., in	n or 21C. WHERE DID (I	f in Baltimore City, give	YES NO
MEDICAL		R CONTRIBUTING		arm, factory, street, office bldg.,	injury occur?	I in Daltimore Oity, give	exact location)
	D. TIME (	Month) (Day) (Year)		21E. INJURY OCCURR		OCCUR?	day la si
				WHILE AT NOT WHILE			
		y certify that I att				Wr 5, 1952, t	hat I last saw the
	deceased alive on 1952 and that death occurred at A.m., from the causes and on the						
	234. 310144	ello MKe	luce.	M. D.	3700 Perly	Healthan &	SC DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							county) (State)
110	burial 11/7/52 Lorraine Park Cemetery Woodlawn, Maryland						
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS						
	NOV 7-	1000 Tunto	noton	1416 A1120- M3	Wm. Cook mc.	1217 St. Par	TT Street
	VS 150	11078 (20)	6.	1 10			
			7 3	din (1)	0 1 6 8		

Registered No. 10178 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2 1. NAME OF DECEASED 2. DATE (Type or Print) MRS. STELLA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR . location Uf outside corporate limits, write RURAL and give INSTITUTION o. STREET ADDRESS Yrs. Mos. ngth of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE AGE (in years) if Under 1 Year last birthday) Months Days Hours Min. rouned IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME o. WAS DECEASED EVER IN U. S. ARMED FORCES?
(es. no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardin Vase Roud ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 1952, to 6, 195 that I last saw the 22. I hereby certify that I attended the deceased from. deccased alive on /1-/6 . 1954 and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS Min 24A. BURIAL, CREMA-24B, DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS untureror VS 150



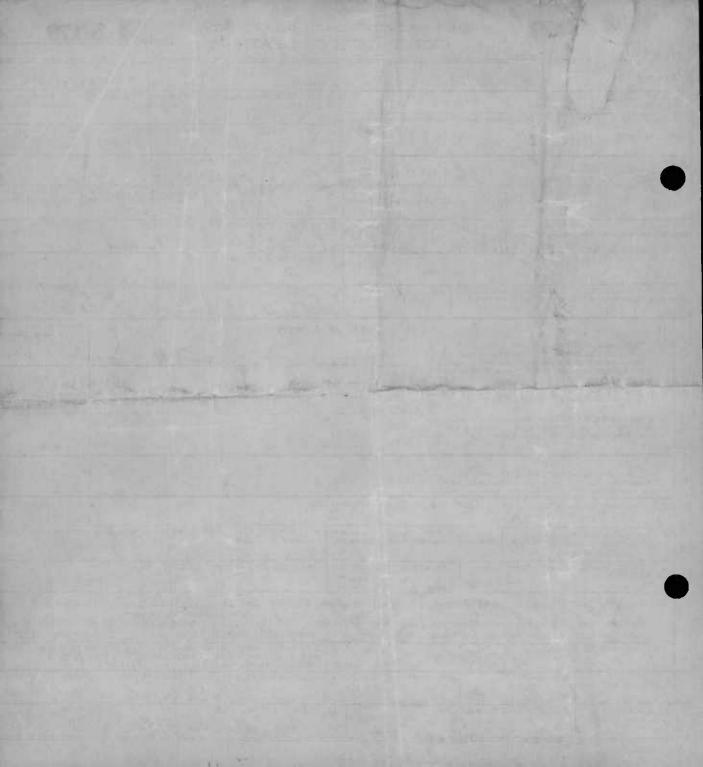
J-5252 10179

V S 151

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10179 Registered No. 0179

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) JAMES	JO	DHNSON	2. DATE OF DEATH NOVEMBE			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF Cf not in hospital or institu	tion, give street address or	A. USUAL RESIDENCE (WA. STATE Maryland	There deceased lived. If inst B. COUNTY	titution : residence before admission		
HOSPITAL OR University Hospit	location)		outside corporate limits, w	rite RURAL and giv township		
ength of stay in Baltimore	Yrs. Mos. Days	659 W. Fayett	e Street			
Male Colored WIDOV	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH 1904	9. AGE (In years If Und last birthday) Month	or I Year   If Under 24 Hours as Days   Hours Min.		
10A. USUAL OCCUPATION (Give kind of the work dose during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BRTHPLACE (State or for	Crolina 12	WHAT COUNTRY		
13. FATHER'S NAME	court.	14. MOTHER'S MAIDEN NA	AME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1-659- H. A	Ress Arator S		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused death	g., (A) Hyperte	of BEATH	ular Disease	INTERVAL BETWEE		
DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	(C)					
	TED ITR FINDINGS OF OPERA	ATION		20. AUTOPSY?		
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., etc		f in Baltimore City, give	exact location)		
UTING CAUSE OF DEATH.  E 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m.	21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK	D 21F. HOW DID INJURY	OCCUR?			
22. I certify that I took charge of the remains described above, held an partial autopsy thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined .						
23A. SIGNATURE	М.1	238 CHIEF MEDICAL E	EXAMINER 23c. I			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	Int. aut	Y OR CREMATORY 240. LC	CATION (City down, or	county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR	JRE	25. FUNERAL DIRECTOR V. Hulstens	1- 918-Arc	ud Hije		
V S 151	9702	4		ave. V		



À	B-164353	F-5-3	4			50	40500	
AB-164353 F-5-34  BALTIMORE CITY HEALTH DEPARTMENT  52 10180  BALTIMORE CITY HEALTH DEPARTMENT  SERVISION OF DEATH  Registered No.								
ВІ	RTH NO.	±0±(10		CERTIFICATI	E OF DEATH	Registered No.		
1. NAME OF DECEASED (Type or Print) Benjamin Fauntle					eroy	OF NOV.	3-1952	
	PLACE OF DI Baltimore C	EATH: City, Maryland	a - 34		4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution : residence before admission)	
В.		OF (If not in hospit	al or instituti	on, give street address or location)		utaida aarnanta linita	amita DITIDAY I -i	
	STITUTION	Baltimore C: 4940 Eastern		or cars	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore			
-		4740 Bastelli	VAG.	Yrs.	D. STREET ADDRESS (If rural, give location)			
C.	ength of st	tay in Baltimore	Lii	Mos. Days	341 Bloom St. zone 17			
	sex M	6.COLOR OR RACE	WIDOW	. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH July 12-1883	9. AGE (In years If Um last birthday) Mont	der I Year If Under 24 Hours hs Days Hours Min.	
		CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   1;	2. CITIZEN OF WHAT COUNTRY?	
		1.4-0		INDOSTRI	Maryland		WHAT COONTRIT	
13	. FATHER'S				14. MOTHER'S MAIDEN NA		Part La Carlo	
15	WAS DESEASE	Joseph						
(Yes	, no or unknown)	D EVER IN U.S. ARMEE (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.		17. INFORMANT4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals		
-	10 1/01/	0		CALICE		re city nospi	INTERVAL BETWEEN	
	18. 434	E OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH	
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)						2	
	heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
O	DISEASES OR CONDITIONS, IF ANY, GIVING						***************************************	
AT		HE ABOVE CAUSE (A) 'ING CONDITION LA		E DUE TO (C)				
FIC				(0)				
CERTIFICATION		II IGNIFICANT CONDI						
CE		TO THE DEATH, BUT						
7	19A. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICAL	21A, ACCID	ENT WAS UNDER-		CE OF INJURY (e. g., i		f in Baltimore City, giv	e exact location)	
ED		CONTRIBUTING	about home, fo	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
Σ	ID. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
L	INDUNT		m.	WORK NOT WHILE				
	22. I hereb	y certify that I att	ended the	deceased from 10-	24- 52, 1952, toll-	3-, 19_52	that I last saw the	
	deccased al		_, 19 <b>52</b> ,	and that death occur	rred at 11 Am., from th	ie causes and on the	date stated above.	
	23A. SIGNAT	He Joh	us tau		4940 Eastern Ave	Balto Md.	11-4-1952	
24	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
/	Buri	al 11/8	52	mt. aubus	n Cemetery 7	narylan	1	
	ATE RECEIVE		S SIGNATU	RE	25. FUNERAL DIRECTOR	2.10	DDRESS	
Tall .		en House	to 1	List-	· Halelead	-7/8- Mrc	un ville	
000	VS 150	W. S. Johnson	7	2700	C		anot	
			pen .	7/01	1			

the make that I continue that the property of the continue of - Alexander Carlo 

K-45-3 52 10181 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence 9. COUNTY before admission) A. Baltimore City, Maryland 14 azas Tunalo B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR NOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. married 11. BRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Truck Driver 21. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TRUCKERG 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give wer or dates of service) SECURITY NO. 12-09-1352 Winds. INTERVAL BETWEEN 18. 4/0X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It mcans the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE, OF OPERATION EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm factory, street, office hldg., etc.) INJURY OCCUR? . LYING OR CONTRIBUTING CAUSE OF DEATH 100 Vo weel ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WORK AT WORK 11/5 , 19\_\_, to\_"/5/52 19\_\_, that I last saw the 22. I hereby certify that I attended the deceased from. , and that death occurred at 30 Pm., from the causes and on the date stated above. deceased alive on 11/6/52 19 23c. DATE SIGNED 23B. ANDDRESS 23A. SIGNATURE 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE new bathedra 200.10 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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1	0-2	135				52 1	0182
-	5	2 10182	BAL	TIMORE CITY HE	ALTH DEPARTMENT	06 1	INTOS
	itilit ito.	LB.164089		CERTIFICATI	E OF DEATH	Registered No.	
1. (T	NAME OF D	ECEASED M				2. DATE OF	52
3.	PLACE OF D	Nellie Pazo	an		4. USUAL RESIDENCE (	OF DEATH 11- 5-	
A.	Baltimore (	City, Maryland	-1 2 424 4		A. STATE Maryland	B. COUNTY	before admission)
H.	SPITAL OF	altimore City	Hospi	ion, give street address or location)		f outside corporate limits, w	rite RURAL and give
)	SITUITON	940 Eastern A		Dan Vod Low	Baltimore	1-04	township)
			1941	Yrs.	D. STREET ADDRESS (If		
		tay in Baltimore		yrs Mos. Days	940 S. Kenwood		
	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Month	er i Year   If Under 24 Hours s: Days   Hours   Min.
	emale	White	Marrie		Jan. 27-1902	50 yrs	
work	dooeduriog most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	. CITIZEN OF WHAT COUNTRY?
12	FATHER'S	IAME.			Michigan		U.SIA.
13					14. MOTHER'S MAIDEN N	AME	
15		Kierst D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL ma	Anna Kub		
(Yes	, no or unkoown)	(If yes, give war or date	es of service)	SECURITY NO	cords Paltimore	City Hospitals	
	18. 416	1		CAUSE	OF DEATH	JIM 24VO. DOLLOO	INTERVAL BETWEEN
		SE OR CONDITION		ONSET AND DEATH			
	(This does	not mean the mode of	of dying, e. g		atic Heart Disea	s e	7
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
Z	DISEASE			(B)	ullar Fibrilation		
ERTIFICATION	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH	E DUE TO Mul	tiple Embolis to	the Abdominal	
CA	ONDERL	ING CONDITION D	131.	Cavity. S	addle embolus of	the terminal	
1		11		Aorea			
F		IGNIFICANT CONDI					
ប៊	TO THE D	ISEASE OR CONDITION	CAUSING I	т	ATION		
7	19A. DATE C	F OPERATION I	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
EDICAL	21A. ACCID	ENT WAS UNDER-		CE OF INJURY (e. g., in		If in Baltimore City, give	
밀	LYING OF	R CONTRIBUTING DEATH	about home, f	arm,factory,street,office bldg.,e	to.) INJURY OCCUR?		
Σ	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
	MOONT		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	tended the	deceased from 10-	15 , 1952 , to	11-5- , 19 52, t	hat I last saw the
	deceased a	live on 11-5-	•, 19 <u>52</u> ,	and that death occur	red at 8:00 Bull rom t	the causes and on the	date stated above.
	23A, SIGNA	TURE 4_0	41	<b>N</b>	3B. ADDRESS	2	3c. DATE SIGNED
20	A. BURIAL	CREMA- 248. DATE	10 ues	AC. NAME OF CEMETE	940 Eastern Ave.	OCATION (City, town, or	county) (State)
TIC	A. BURIAL,	pecity)	Mina	A 19114	IS CEM DO	NAI WAW	F
DI	TE RECEIVE	D BY TREGISTRAR	SIGNATI	IRE.	25. FUNERAL DIRECTOR	A	DDRESS
	CAL REGIST	RAR	non 1/4	Caus, M.P.	A -	ALKOWSKI II	V C -
=	3001.2 -	1957					2011/5
	M Nah 1 alo	1997			1000	.KENWO	OUAVIO

CE COMO E TOTAL 0 TOTAL TEATHER DEDICATE 100 N FO 109 . C. 76 ... . . .

52 10183

1. NAME OF DECEASED (Type or Print)

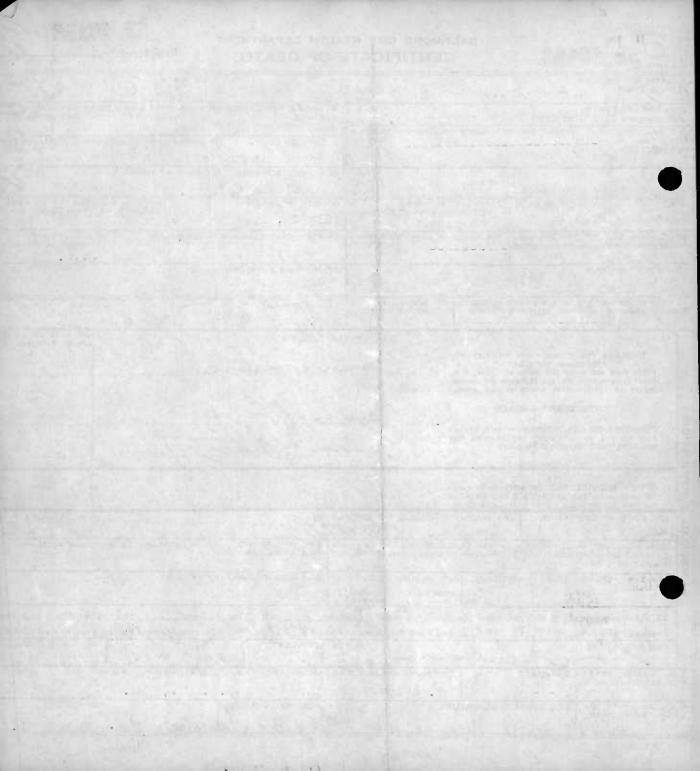
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Joseph Batson

52 10183
Registered No.

2. DATE OF DEATH 11-5-52

	011	DEATH 0 02					
3. PLACE OF DEATH:  A. Baltimore City, Maryland 1421 Ashlan		A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission befo					
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	give street address or location)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
INSTITUTION		Baltimore townsh					
	Yrs.	D. STREET ADDRESS (If rural, give location)					
Life	Mos.						
c. Length of stay in Baltimore	Days	1421 Ashland Avenue   8. DATE OF BIRTH   9. AGE (In years)   11 Under 1 Year   16 Under 24 Ho					
5. SEX 6. COLOR OR RACE 7. SINGLE, N Wale Colored WIDOWED	DIVORCED (Specify)	last hirthday) Months: Days Hours: Mi					
la l		July 19, 1885					
10A. USUAL OCCUPATION (Give kind of 10B, KIND O work done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTR					
Laborer	Cen	Maryland U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
John Betson	STARL FLEET	Rosa Gant					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
9	?	Mrs. Mary Batson 1421 Ashland Ave					
18. 1777	CAUSE	OF DEATH INTERVAL BETWE					
DISEASE OR CONDITION DIRECTLY	^	ONSE! AND BEA					
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	" Can	en al liver					
heart failure, asthonia, etc. It means the discase,							
injury or complication which caused death.)	DUE TO						
	ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	an alp. Tate					
UNDERLYING CONDITION LAST.	(C)	and the second					
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•••••						
	INDINGS OF OPER	RATION 20. AUTOPSY					
Thy 1952 Cane	~ of Pra	YES NO					
2 12 ACCIDENT WAS UNDER- 218. PLACE   218. P	FOF IN URY (e. g., I						
LYING OR CONTRIBUTING about home, farm							
	E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?					
	ORK NOT WHILE						
	Q.	1952 to Mar 3 , 1952, that I last saw					
22. I hereby certify that I attended the de deceased alive on 1952 an		rred at 8131 Am., from the causes and on the date stated abo					
23A. SIGNATURE		23B. ADDRESS 23C. DATE SIGNE					
Ben sada	M. D.	2 5 27 m hart are 11-5:-12					
24a. BURIAL, CREMAU 24B. DATE TION, REMOVAL (Specify)	C. NAME OF CEMETE	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State					
TION, REMOVAL (Specify)	t. Calvary C						
Burial II-0-02 M		25.FUNERAL DIRECTOR ADDRESS					
LOCAL REGISTRAR							
1302st 4 t	HAD M.D.	Rayner Jankers 217 E. Preston St					
VS 150	670	0.0					
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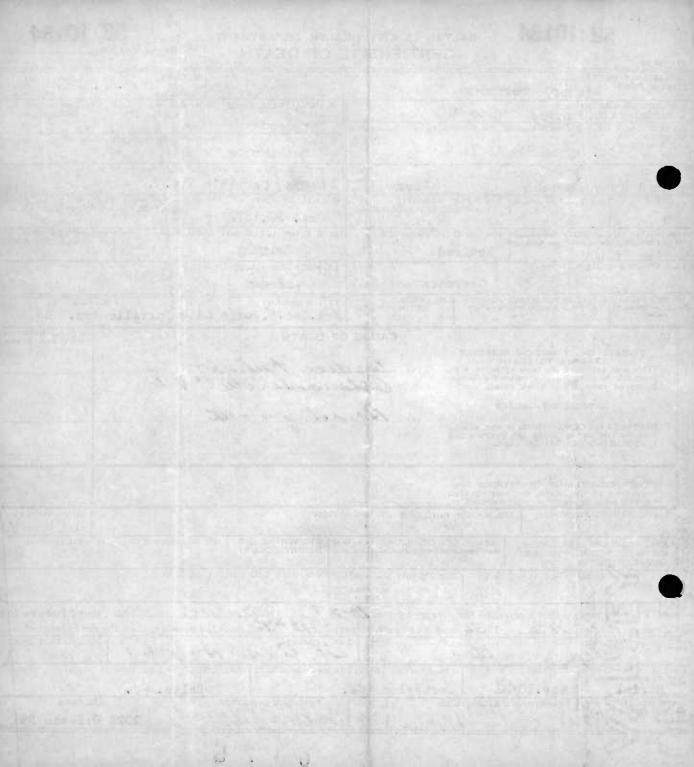


0-1652 DIRTH NO.	101	84
NAME OF DECEA	ASED Lchard	Oher

		EALTH DEPARTMENT	X 52 Registered No.	10184		
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
1. NAME OF DECEASED (Type or Print) Richard Oberender			of Nov. 6,	1952		
B. PLACE OF DEATH:  A. Baltimore City, Maryland Balto Mo  B. FULL NAME OF (If not in hospital or institution in the complete of the complete o			Where deceased lived. If inst B. COUNTY outside corporate limits, w	before admission)		
	Yrs. Mos.	D. STREET ADDRESS (If				
c. Bength of stay in Baltimore	70yrs Days	5634 Carville	e Ave. 53	00		
	. MARRIED, ED, DIVORCED (Specify)	0ct. 27,1872	9. AGE (In years   1 Under   Month	s 1 Year If Under 24 Hours s Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done doring most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)   12	CITIZEN OF		
Pipe Fitter Retire		Germany		WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
Ober	ender	unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Mrs.Geo.F.Judge	5634 Carville			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNE TO THE ABOVE CAUSE (A) STATING THE UNE TO THE ABOVE CAUSE (A) STATING THE					
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT						
19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	RATION		YES NO X		
YES NOT A COLDENT WAS UNDER.  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  ADD. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
	HILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from 10-27, 192, to 1/-6, 192, that I last saw the deceased alive on 1/-6, 1924, and that death occurred at 1/2 m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  M. D.  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county) (State)						
Burial Nov-10/52  DATE RECEIVED BY REGISTRAR'S SIGNATURE REGISTRAR  The standard of the standa	Jerusalem Ce.	25 FUNERAL DIRECTOR		orleans St		

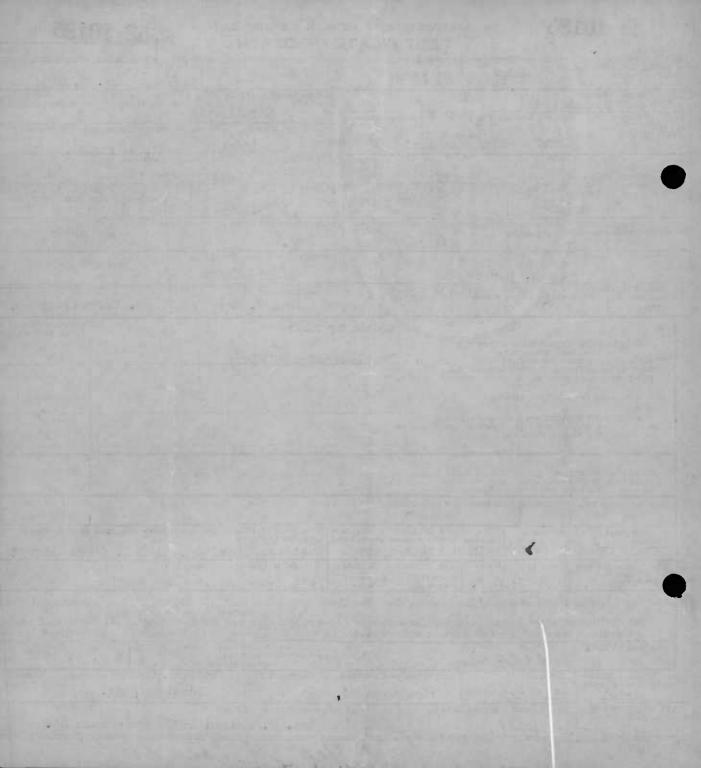
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10185		TIMORE CITY HE			22d No.	)1 <del>8</del> 5
BIRTH NO.		CERTIFICATI	E OF DEAT	H Regis	rered No.	
1. NAME OF DECEASED (Type or Print)	FRANK	DORSEY		2. DATE OF DEATH	Nov.	5, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDE	ENCE (Where deceased B. COU	lived. If inst	
B. FULL NAME OF f not in hospit	al or institutio	n, give street address or	Mar	yland	IVI I	before admission
HOSPITAL OR INSTITUTION		location)	C. CITY OR TOWN	(If outside corpor	ate limits, w	rite RURAL and give
Univer	sity Hos	spital		timore	17-	-03 township
		Yrs. Mos.		ESS (If rural, give loca	,	
ength of stay in Baltimore		fe Days		George Stree		
5. SEX 6. COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		ears If End	er 1 Year   If Under 24 Hours is: Days   Hours   Min.
male   colored		S	2/14/95	57		
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12	. CITIZEN OF
Laborer		ustless Steel	Md.			WHAT COUNTRY USA
13. FATHER'S NAME		PRYD (M	14. MOTHER'S MA	IDEN NAME		
John W. D	orsey		Minnie	Moore		
15. WAS DECEASED EVER IN U. S. ARMET (Yes, no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDI	RESS
yes WW#1		?	John H.	Dorsey 1114	N. Car	rollton Ave
heart failure, asthenia, etc. It means in jury or complication which complication which complication which complication which complication which complication which complications are supported by the complication of the death, but to the disease or condition the disease or condition to the disease or condition the disease or co	caused death.)  SES  FANY, GIVING STATING THE ST.  TIONS CON- NOT RELATED	(B)	erebral inj			
19A. DATE OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION	0.7	1111	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING TO CAUSE OF DEATH.  21b. Time (Month) (Day) (Year) OF INJURY OVERNBER 3, 1952 2:	about home, far indus (Hour) 2	ce of INJURY (e.g., in m. factory, street, office bldg., e) trial place  ie. INJURY OCCURRE  iii.e AT WORK  AT WORK	Rustless S	ID (If in Baltimore	DE. Ch	nase Street
22. I certify that I took char	ge of the r	emains described a		autopsy		hercon and from
the evidence obtained by and death in my opinion	said Autop	sy, Inspection or I	nquiry, find that	Autopsy, Inspection or I said deceased dicd	nquiry on the c	day stated above
23A. SIGNATURE	Fish		23B. CHIEF ME ASSISTANT ME	DICAL EXAMINER		
24A. BURIAL, CREMA- 248. DATE	24	4C. NAME OF CEMETER	The second secon	24D. LOCATION (Cit	y, town, or o	county) (State)
Burial 11/8/52	2	Ricestown Md		Ricestown	, Md.	
DATE RECEIVED BY   REGISTRAR			25. FUNERAL DIRI			DDRESS
LOCAL REGISTRAR	111160		Geo. G. K	Celson 1303 F	resstm	an St.

175=17852 N 853.2 5 097030 Les. H. Kelson



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		-06

52	10186
	TATA
istered No	

BIRTH NO. 52 10186		E OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print) SA	MUEL GRIFFITH CROCKER		2. DATE OF DEATH NOV	. 5, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		
B. FULL NAME OF (If not in hospi HOSPITAL OR	tal or institution, give street address or location i lms low Rd.	c. CITY OR TOWN (If	outside corporate limi	its, write RURAL and give
c. Ongth of stay in Baltimore	Yrs. Mos. Days	Baltimore o.street Address (If 4613 Wilmslo		7-74
5. SEX 6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (in years)	ff Under I Year Hunder 24 Hours Onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired Salesman	108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	1 2	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel G. Crocker		14. MOTHER'S MAIDEN N Letitia Davis	AME	T. U.S.A.
15. WAS DECEASED EVER IN U. S. ARME Yes, no or unknown) (If yes, give war or dat	D FORCES? es of service)  16. SOCIÁL SECURITY NO.	17. INFORMANT Mr. James G. Cr		d. Ave.
heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAL  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I)  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT	caused death.) OUE TO  USES  IF ANY, GIVING ) STATING THE  OUE TO  (C)	hisons de		u Mhum
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.		If in Baltimore City,	give exact location)
INJURY (Month) (Day) (Year	r) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
22. I hereby certify that I at deceased alive on from 123A. SIGNATURE	tended the deceased from and 10, 1954 and that death occur	red at 6 5 A.m., from to 23B. ADDRESS	Mmsk 10, 195 the causes and on	12, that I last saw the the date stated above.
24A. BURIAL EREMA- 24B. DATE TION, REMOVAL Specify	24C. NAME OF CEMETI	57 W Janfo ERY OR CREMATORY 240. L	LOCATION (City, town	Nr 7 /917 n, or county) (State)
Burie 11-8-	Greenmount R'S SIGNATURE Williams, M.P.	Cem. Ba: 25. FUNERAL DIRECTOR Wm. Jukner 4 4	Itimore Md.	ADDRESS
VS 150	450	73 0 1 7 7		

-620							
J = 1635542 1018 PALTIMORE CITY HEALTH DEPARTMENT 52 10187							
BIRTH NO. CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED (Type or Prayma Katherine Burch	2. DATE 0F 11-6-52 DEATH						
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR BALLIMOTE CITY HOSPITAL position)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
4940 Mastern Ave.	Baltimore /3 () 1 township)						
c. Length of stay in Baltimore Life Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location) 2028 MtRoyal Ave17						
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED PHORCED (Specify)	8. DATE OF BIRTH Oct. 15, 1877  9. AGE (In years of Under 1 Year Months Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
registered nurse -	14. MOTHER'S MAIDEN NAME						
Augustus Hartman	Katherine E						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	B. C. H. Becords, 4940 Eastern Ave.						
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS contributing to the Death, But not related							
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER							
21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,							
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY OF WHILE AT WORK AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 9	-27-52 , 19 , to Nov. 6 , 19 52 that I last saw the						
dcceased alive on Nov. 6 , 1952 , and that death occur	238, ADDRESS 23c, DATE SIGNED						
M.D.	4940 Eastern Ave. 11-6-52						
24A. BURIAL CREMA- TION, REMOVAL (Specify) burial 11/8/52 Druid Ridge (							
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 FUNERAL DIRECTOR ADDRESS						
W/ Vs/150 992	and and an man						
0 5 0 0 0	10 107 0 Ballo 17, 1100						

LANGUES DESCRIPTION OF TAXABLE algorithm a final engine or accompany 

52 10188 10188 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) aril HDELE AGELS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital of institution, give street address or B. FULL NAME OF HOSPITAL OR location) (1f outside corporate Amits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos rth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIWORCED\_ (Specify) INGI RTHPLACE (State or foreign coupary) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY THAT COUNT Secretary Insurance 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Miss Marie P. Wylie-700 Park Ave. Balto. CAUSE OF DEATH ONEET AND DEATH DISEASE OR CONDITION DIRECTLY NOCARCINOMA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING

ERTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B MAJOR FINDINGS OF EDICAL 21B. PLACE OF INJURY (e. g., in of 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH

21F. HOW DID INJURY OCCUR?

Z and that death occurred at 6.30 Am., from the causes and on the date stated above.

24D. LOGATION (City, town, or county)

Balto., Md.

. 19\_\_\_

25. FUNERAL DIRECTOR

23 ADDRESS

. 19 3. that I last saw the

C. DATE SIGNED

21E. INJURY OCCURRED

NOT WHILE

24c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

WHILE AT

WORK

VS 150

INJURY

deceased whive on

23A. SIGNATURE

24A. BURYAL, CREMA-TION, REMOVAL (Specify)

LOCAL REGISTRAR

Burlal DATE RECEIVED BY

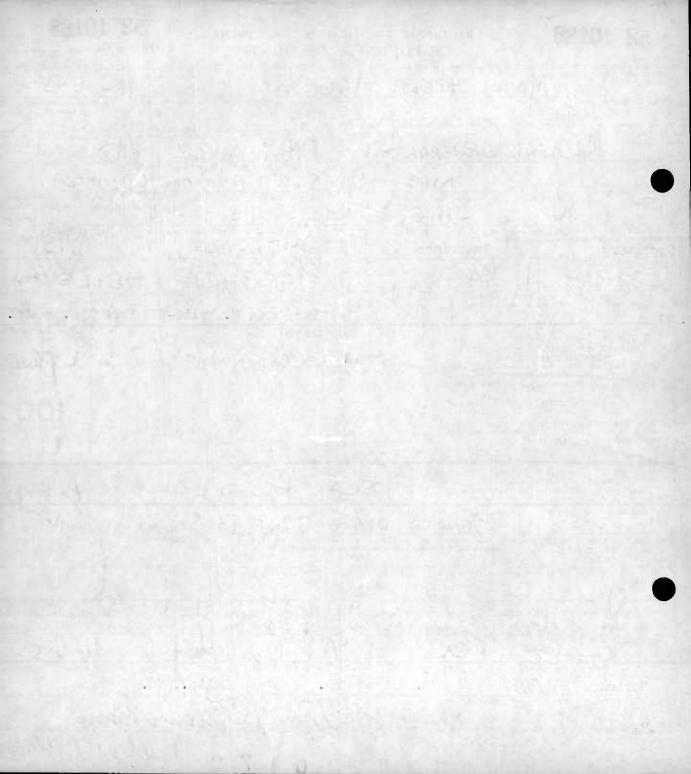
21D. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from

REGISTRAR'S SIGNATURE

24B. DATE

19/5



17.00		CERTIFICATI	E OF DEATH	Registered No.	,00		
BIRTH NO.		CERTIFICATI	E OF BEATTI				
1. NAME OF	T DECEASED		2	DATE OF G	1 10 00		
	MISS AM	NA STEVENSON	il .	DEATH NIV	6,1932		
A. Baltimor	e City, Maryland		4. USUAL RESIDENCE (When	B. COUNTY	before admission		
B. FULL NA	ME OF (If not in hospi	tal or institution, give street address or		1201	timesone		
HOSPITAL O		location)	C. CITY OR TOWN (If out	tside corporate limits, w	rite RURAL and give township		
U-L	myny yn	imprial	Towson 4				
		Yrs. Mos.	D. STREET ADDRESS (If rein	al, give location)			
	of stay in Baltimore	Home - Thursday Days	1 24 A W. Ya	· ave			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9	AGE (In years   H Under last birthday) Months	t   Yest   M Under 24 Hours s: Days   Hours : Min.		
- male	, white	Single	Dec 3, 1871	0.588	9 9		
Work doneduring r	OCCUPATION (Give kind on most of working life, even if retired	106 KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig	gn country)   12.	CITIZEN OF WHAT COUNTRY		
Family	wellen	Family William	marrily as &	a	Add and de la constitución de la		
13. FATHER	SNAME		14. MOTHER MAIDEN NAMI	E			
Wa	shington ?	turan	anne 9	Zouel.			
15. WAS DEC	EASED EVER IN U.S. ARME	D FORCES? 16. SOCIAL	17. INFORMANT	ADDF	RESS T		
275		SECURITY NO.	gras Dlas Randini	r JUWPA	The show		
18. LL	50.0	CAUSE	OF DEATH		INTERVAL BETWEEN		
7	EASE OR CONDITION				ONSET AND DEATH		
	LEADING TO DEA	ATH /a	agatain dilate	tin	18 hug		
heart	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
injury	or complication which	caused death.) DUE TO					
7	ANTECEDENT CAU	SES 90 ml	alined x-to-in	n-leani			
DISEA	SES OR CONDITIONS,	IF ANY, GIVING					
	TO THE ABOVE CAUSE (A						
5							
TIF	II	(C)		•••••••••••••••••••••••••••••••••••••••			
	R SIGNIFICANT COND				71 - 51 - 1		
U TO TH	E DISEASE OR CONDITIO	N CAUSING IT					
	E OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION		YES NO		
21A. ACC	IDENT, SUICIDE,	218. PLACE OF INJURY (e.g., in	n or   21c. WHERE DID (If in	n Baltimore City, give			
HOMICIE	E (Specify)	about home, farm, factory, street, office bldg.,			,		
>	E (Month) (Day) (Year	r) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY O	CCUP2			
F INJU	RY (Month) (Day) (lear	WHILE AT NOT WHILE	ED 21F. HOW BID INSORT O	CCORT			
		m. WORK AT WORK					
22. I he	reby certify that I at	tended the deceased for No	₩ 6 030 1952, to	, ±0, tl	hat I last saw th		
	d alive on gran 6	_, 19.52, and that death occur	rred at 3 m., from the	causes and on the d			
239. 519	NATURE	2	3B. ADDRESS	11, 3	3c. DATE SIGNED		
120	Mulbard	м. D.	Umon / Umonal	4053. 1	10v6 1752		
24A BURIA	L (Specify)	24c. NAME OF CEMETE	RY OR CHEMATORY 246. LOC	ATION City, town, or o	county) (State)		
BUSIA	Mot. 8.	1952 Prospect fell	cemercy town	on, margo	acco		
DATE RECE		S SIGNATURE	25 FUNERAL DIRECTOR	P AE	DDRESS		

GREEN SET

52 10190 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 52 10190 Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) MARY TRAYHAN November 3. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) Maryland Batter City

for in hospital of institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside comparate limits, write RURAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 116 S. Caroline Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | Months Days | Hours Min. 8. DATE OF BIRTH If Under 24 Hours Widow Colored Female 104 IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) U. S.A. COUNTR

INDUSTRY

DUE TO

DUE TO

21E. INJURY OCCURRED

AT WORK

Calvery Cem.

WORK

At Home

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL

DISEASE OR CONDITION DIRECTLY

SECURITY NO. CAUSE OF DEATH

17. INFORMANT

Mary Cernish 118 S. Carolina S

14. MOTHER'S MAIDEN NAME

(A) Arteriosclerotic cardiovascular disease

Unkown

ADDRESS INTERVAL BETWEEN ONSET AND DEATH

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

Domestic 13. FATHER'S NAME

18. 422.1

(Yes, no or unknown)

No

ERTIFICATION

Unkown

injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour)

UTING [] CAUSE OF DEATH. F INJURY

and death in my opinion resulted from: natural causes K, accident \( \sigma\), suicide \( \sigma\), homicide \( \sigma\), undetermined \( \sigma\). 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY whanglors 151

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

4c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Brocklyn Md 25 FUNERAL DIRECTOR

Nov. 4, 1952

(If in Baltimore City, give exact location)

20. AUTOPSY

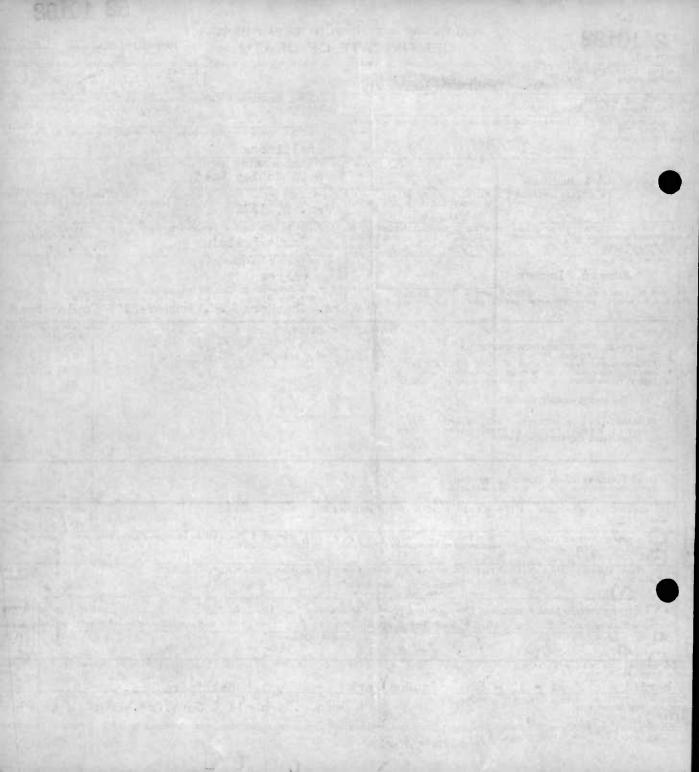
YES

NO X

seal to be AND THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY

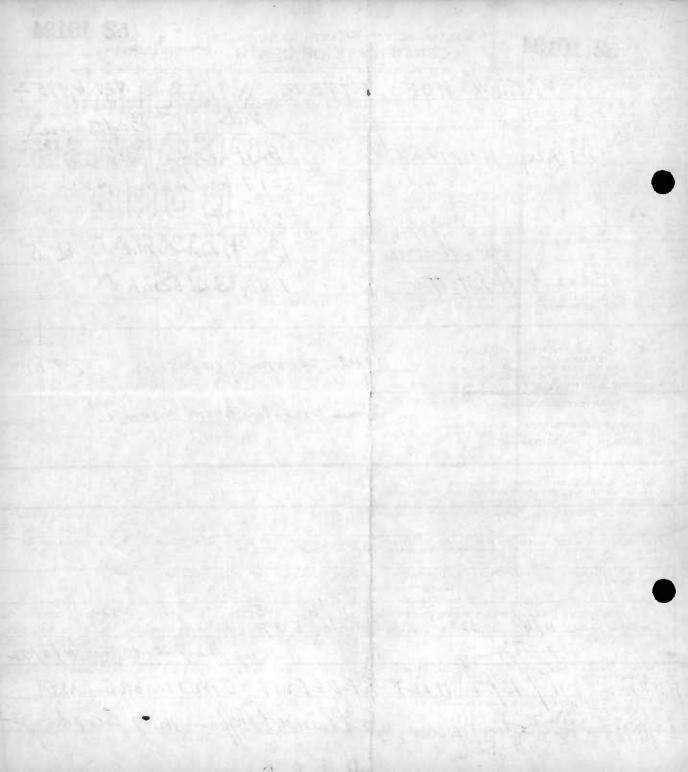
BALTIMORE CITY HEALTH DEPARTMENT 10191 Registered 10191 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF CLARENCE LASSITER November 6, 1952 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Balto. City before admission) A. STATE B. COUNTY Maryland f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Franklin Square Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. ength of stay in Baltimore 40 Yrs. Mos. 720 N. Fremont Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours | Min. Male Colored Married May 4 1899 10A. USUAL OCCUPATION (Givehindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY N C Barber Shap 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Unkewn 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Lassiter 720 N. Frement INTERVAL BETWEEN 12211 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH "Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION NO X YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses X, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR..... Nov. 6. 1952 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 2Ac. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 248. DATE Baltimere Md. Cem. TE RECEIVED BY 11/9/1952 Mt Arburn DIRECTOR REGISTRAR'S SIGNATURE . LOCAL REGISTRAR Allestin- Mo

12	156					5	2 10192
	52 101 IRTH NO.	192		CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered :	No
	NAME OF Daype or Print)		Edward	Plummer C		2. DATE OF DEATH	6/52
A.	FULL NAME	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (	Where deceased lived, In B. COUNTY	institution : residence before admission)
	OSPITAL OR	Luiai +	losp.	location)	Baltimore	15	ts, write RURAL and give township)
c	ngth of s	tay in Baltimore	,	80 Yrs. Mos. Days	3405 Copley Ro		
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Married				ED, DIVORCED (Specify)	Jan. 2, 1872	last birthday) M	ff Under I Year It Under 24 Hours on the Days Hours Min.
				INDUSTRY	Great Brita:		U. S.
13	FATHER'S I	ward Plummer			14. MOTHER'S MAIDEN N unknown	NAME	
15 (Ye	o. WAS OECEAS a, no or unknown)	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Theodora M.1	M.Plummer-340	DDRESS Copley Road
ERTIFICATION	DISEASE OR CONDITION. DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A)  MYOCARDIAL FOILURE  (A)  DUE TO						INTERVAL BETWEEN ONSET AND DEATH
U	TRIBUTING TO THE D	SIGNIFICANT CONDITIONS TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	NOT RELATE	D	RATION		20. AUTOPSY?
YES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							
	PE INJURY	y certify that I at live on ADV	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK  deceased from and that death occur  M. D.	ON \$ , 195 V, to	Nov 6, 19.	that I last saw the the date stated above.
D	burial  burial  tereceive  cal regist	D BY   REGISTRAR	- 52	24c. NAME OF CEMETE Loudon Park		location (City, town ltimore, Md. & Sons, Inc1	//
	VS 150	mulington	~ Vitte	acces, My ??	010	2	



1	340								
	52 10	1193	ВА	LTIMORE CITY HE	EALTH DEPARTM	MENT	52	10193	
B	RTH NO.	,100		CERTIFICAT			Registered	No.	
1.	NAME OF D			•		2	. DATE		
	'ype or Print) PLACE OF D		LITTLE			(1)	OF II	/5/52	
A.	Baltimore (	City, MBey land m	ore, Ci	ty	A. STATE	NCE (Wher	B. COUNTY	If institution: residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	ital or institu	tion, give street address or location)			side corporate lim	its, write RURAL and give	
	10	I68 W.Ham	burg S			Baltimore, City 23-0/"			
	Longth of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRES				
-	SEX SEX	6. COLOR OR RACE		E. MARRIED.	168 W. Ham		AGE (in years	If Under I Year   If Under 24 Hours	
	M	C	WIDOV	VED DIVORCED (Specify)	1873		1 last birthday) N	fonths Days Hours Min.	
worl	A. USUAL OC doneduring most o	CUPATION (Give kind of working life, even if retired	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY	
	. FATHER'S N	IAME			14. MOTHER'S MAIL	DEN NAME			
_	nknown	D EVER IN U.S. ARMI	D 5000500		Unknown				
(Ye	s, no or unknown)	(If yes, give war or det	es of service)	16. SOCIAL SECURITY NO.	Beatrice R	0700		ADDRESS	
-	18. 59:	2.1/		CALISE	OF DEATH	amos	100 W. Ha	INTERVAL BETWEEN	
RTIFICATION	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)				yusne la wome He wility	ephil	escula Es	West	
Ш	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ŁD					
LC				FINDINGS OF OPER	RATION			20. AUTOPSY?	
DICAL	21A ACCID	ENT WAS UNDER-	218 PI	ACE OF INJURY (e.g., i	n or   21c. WHERE DI	D (If in	Raltimore City	give exact location)	
1ED	LYING OF	R CONTRIBUTING	about home,	farm, factory, street, office bidg.,				5.vc c	
-	D. TIME	Month) (Day) (Year	′ ′ ′	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY O			
	22. I hereb	y certify that I at	tended the		.75	7.7		2, that I last saw the	
	deceased al	ive on Mr. 4	_, 19,52.		rred at m., ;	from the e	eauses and on	the date stated above.	
	ZJA, SIGNA	W. S.	Wee	erce - M. D.	83 4 S. A	heur	2 Sel	144.6-52	
2. Ti	AA. BURIAL, C	REMA- 24B, DATE pecify)		24c. NAME OF CEMETE		- 11	ATION (City, tow		
B	urial	III/8/5		Mt Auburn C			more, Cit		
	CAL REGIST		- IN/I	liams MJ?	Isalah	Par	went	ADDRESS	
#	VS 150			, , , , , ,	108 911.	mon	tomer	u St	
					1016	T	0	1-00	

	123					
	BALTIMORE CITY	HEALTH DEPARTMENT 52 1	10194			
В	BIRTH NO. 52 10194 CERTIFICA	ATE OF DEATH Registered No				
1.	1. NAME OF DECEASED FRED W, HOFSTE	ETTER 2. DATE. OF DEATH NOV	6 1952			
	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)			
	B. FULL NAME OF (If not in hospital or institution, give street addressed HOSPITAL OR	essor Pro Era Balti	more			
11	Mercy Hospital	C. CITY OR TOWN (If outside corporate limits, wr.	ite RURAL and give			
c.	oth of stay in Policina	Vrs. D. STREET ADDRESS (If rural, give location) Alays  3217 Evaluan Al	10			
5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Se	8. DATE OF BIRTH 9. AGE (In years) If linder				
10	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS O		CITIZEN OF			
	ork done during most of working life, even if retired)  925 + electric		WHAT COUNTRY?			
13	13. FATHER'S NAME OF STATE OF	14. MOTHER'S MAIDEN NAME				
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Dolly Sudbrink				
(Ye	Yes, no or unknown) (If yes, give wer or detes of service) SECURITY N	IO. 17. INFORMANT ADDR	ESS			
	18. 420,0 CAUS		NTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.) DUE TO					
z	ANTECEDENT CAUSES	Time selevation heart desease				
710	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
ICA	UNDERLYING CONDITION LAST. (C)		***************************************			
RTIFICATION	11					
ш,	TRIBUTING TO THE DEATH, BUT NOT RELATED					
C	19A. DATE OF OPERATION   198 MAJOR FINDINGS OF	PERATION	20. AUTOPSY?			
CAI			YES NO			
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office CAUSE OF DEATH		exact location)			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCI					
	m. WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from_					
		ccurred at 5.3 %n., from the causes and on the do	ite stated above.			
	deceased alive on 11/6, 19.52, and that death of 23A. SIGNATURE Of Friends	courred at 5:39 fm., from the causes and on the do 23B. ADDRESS  Mercy Hospital 23				
24 TIC	deceased alive on 11/6, 19.52, and that death of 23A. SIGNATURE Of Friends	ccurred at 5:39fm., from the causes and on the do	te stated above. c. DATE SIGNED 11/6/52			
TIC	deceased alive on 11/6, 19 52 and that death of 23A. SIGNATURE  ## Jumps M. D  24A. BURIAL, CREMA-1 24B. DATE   24C. NAME OF CEM	courred at 5:39 fm., from the causes and on the do  238. ADDRESS  Mercy Hospital  ETERY OR CREMATORY 24D. LOCATION (City, town, or ea  EPEEMER BALTIMORE	te stated above. c. DATE SIGNED 11/6/52			
TIC	deceased alive on 1/6, 19.52 and that death of 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE 10N. REMOVAL (Specify)  BURIAL 1 10/52 HILY ROTTE  DATE RECEIVED BY   REGISTRAR'S SIGNATURE	courred at 5:39 fm., from the causes and on the do  238. ADDRESS  Mercy Hospital  ETERY OR CREMATORY 24D. LOCATION (City, town, or ea  EPEEMER BALTIMORE	te stated above.  C. DATE SIGNED  (State)			
TIC	deceased alive on 1/6, 19.52, and that death of 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMPON, REMOVAL (Specify)  BURIAL 1 PROJECT OF THE PROJECT OF TH	courred at 5:39 fm., from the causes and on the do  238. ADDRESS  Mercy Hospital  ETERY OR CREMATORY 24D. LOCATION (City, town, or ea  EPEEMER BALTIMORE	te stated above.  C. DATE SIGNED  (State)			



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16	34-
52	10196
BIRT	H NO.
	AME OF DECEA
	ACE OF DEATH
B. FU	ILL NAME OF

ED 4040

2	10196				ALTH DEPARTMENT	Registered No.	10196
В	IRTH NO.			CERTIFICATE	OF DEATH	Registered No.	
	NAME OF DECE Type or Print)	ASED TIME	alla	e Pos	Com	2. DATE OF DEATH MAY	1957 AM
Α.	PLACE OF DEAT Baltimore City,	, Maryland Z	828	U. Carrest St	4. USUAL RESIDENCE (TA. STATE		tution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospi	tal or institut	ion, give street address or location)	c. CITY OR YOWN (II	outside corporate limits, v	vrite RURAL and give
	2828	n. Cal	rertx	treet	(Baldins	re le	C
	ength of stay	in Baltimore	Life	Yrs. Mos. Days	2828 M. Car	rural, give location)	+
5,	SEX 6.C	OLOR OR RACE		E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		er l Year If Under 24 Hours as Days Hours Min.
1 C	A. USUAL OCCUP	ATION (Give kind of king life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of f	oreign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAMI	vofe			(Dalline	ese 6	1. f. a.
10	Ada	m a	Seci	keer/	14. MOTHER'S MAIDEN N	Brice	
15 (Ye	. WAS DECEASED EV	ER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS /
(	(-	, , , , , , , , , , , , , , , , , , , ,	,	SECORITY NO.	Markento	ontes 33/2,	Thursday
	18.443X			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE C	R CONDITION	DIRECTLY		0		SUSET AND DEATH
		ADING TO DEA mean the mode		ζ., (A)	Uraema		48 hors.
	heart failure, a	sthenia, etc. It mer plication which	ans the diseas	e,			***************************************
H							
z	ANI	FECEDENT CAU	SES	(B) J4	perturan card	in-Vacalar Dr	une 3 ma
0		CONDITIONS,					
4		CONDITION L		TE BOL 10			
E				(6)			
4	OTHER SIGN	II IFICANT COND	ITIONS on	(C)	***************************************		
Ë	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	.D			Description of the second
	19A. DATE OF O	PERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0					YES NO
EDIC	21A. ACCIDENT. HOMICIDE (S		21B, PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (.c.) INJURY OCCUR?	If in Baltimore City, give	e exact location)
Σ	_21D. TIME (Mon	th) (Day) (Year	)(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
(	FINJURY		20 35 14.5	WHILE AT NOT WHILE			
	22. I hereby ce	rtify that I at:	tended the	deceased from	in 1948, to	nor 6 - , 1967, t	that I last saw the
	deccased alive	on nov s	_, 195×,	and that death occur	red at 1.17. m., from t	he causes and on the	date stated above.
	23A. SIGNATURE	Ε, Δ	10	2	B. ADDRESS	1	23c. DATE SIGNED
		ichael A		141 151	1870 Eulan		Mor.), 152
710	AA. BURIAL, CREM	A- 24B. DATE	1/4	AC NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
4	Hural	10110	152	Wrud.	Mage Tr	Connello	MANARIE
D.	ATE RECEIVED BY	REGISTRAN	SSIGNATU	RE	25. FUNERAL DIRECTOR	(A)	ODRESS
2.2	0117 4050	Thent	instore	Vallagina Mi	Jours Jyer	a 500501KZ	XIAND
6 8	VS 150		0	2.5	// //	/	11he
		Of Chang	1 10	5 0 0	10187	-	
				the first better			

PROFILED NUMBER OF DEATH

4 Trans

				EALTH DEPARTMENT		10197			
BIR 52 No. 1	)197		CERTIFICAT	E OF DEATH	Registered N	0			
1. NAME OF (Type or Print)		IS XAVI	ER BUSCHMAN		2. DATE OF DEATH NOV •	6, 1952			
	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If i				
HOSPITAL OR	U.S. Public Pk. Dri Heseit	Health	service location)		f outside corporate limits	, write RURAL and give township)			
Wyneii	LK. DLTAG & 3	ist Str	eet Yrs.	D. STREET ADDRESS (If		-00			
	stay in Baltimore	?	Mos. Days	719 E. 21st Street					
5. sex	6. COLOR OR RACE		E. MARRIED. /ED.DIVORCED (Specify) Single	8/1/99	9. AGE (In years   Mon	Under 1 Year nths Days   If Under 24 Hours Hours Min.			
10A. USUAL OF ork done during most Clerk	CCUPATION (Give kind of t of working life, even if retired)		of Business or INDUSTRY		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
13. FATHER'S Augu	name ust Buschman			14. MOTHER'S MAIDEN N Marie Purzer	IAME				
15. WAS DECEAS	SED EVER IN U. S. ARME (If yes, give war or date USN	FORCES?	16. SOCIAL SECURITY NO. 217-09-6815	17. INFORMANT Records - US PI	17. INFORMANT Records - US PHS Hospital, Balto, Md.				
18. 145	X	100		OF DEATH		INTERVAL BETWEEN			
(This doe heart fail	SE OR CONDITION  LEADING TO DEA' es not mean the mode of ure, asthenia, etc. It mea complication which of	TH of dying, e. g .ns the diseas	Carc e. (A) Carc	cinoma of right to	onsillar hemorrhage.	6 mos.			
	ANTECEDENT CAUS	SES	(B)						
RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	IG						
			(0,						
TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D						
4			FINDINGS OF OPER	RATION		20. AUTOPSY?			
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in pr   21c. WHERE DID (If in Baltimore City, give exact LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						YES NO Live exact location)			
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?				
INJURY			WHILE AT NOT WHILE AT WORK						
22. I here	by certify that I att	ended the	deceased from No	v. 5 rred at 7:15A m., from t	lov. 6 , 1952	, that I last saw the			
deceased of	live op	4, 19 25,		rred at (:15A m., from t	the causes and on th	e date stated above			
J. A. H	unter, Clinic	al Dire	ctor M. D.	US PHS Hospital,		11/6/52			
100, REMOVAL	Specity) 248. DATE		249 NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)			
DATE RECEIVI	ED BY REGISTRAR	S SIGNATU	IRE	25. FUNERAL DIRECTOR		ADDRESS			
7 - 1059	样: 4:	+ W	Home M.P.	Specific	let v son	11			
VS 150	17	, 10	25 40	1 Freamo	-66 K 100	neffe			
THU V	1 / - 1959		5 37 00	111		•			

6	20	a.					50	10:
-	2 101 RTH NO.	98		CERTIFICATI			Registered	2 10198
(T	NAME OF D ype or Print)	CLA	K. MARCH		2	OF NOV	7. 5, 1952	
3. A.	Baltimore (	EATH: City, Maryland			A. STATE		e deceased lived. I	f institution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	land	sido componeto limi	s, write RURAL and give
IN	STITUTION	3453 May	field	Avenue		inore	side corporate init	township)
	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3453 Mayfield Avenue			
	sex emale	6.COLOR OR RACE	WIDOW	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 12, 1878  9. AGE (In years of Under 1 Year Months Days Hours Min. 74			
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	_	n country)	12. CITIZEN OF
	at hor	me		INDUSTRY	Chambersb	ourg, F	Penna.	WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MA			
15		L. Gruss			Christina	1 7		
(Yet	s, no or nnknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	Mr. George	E. Ma		ADDRESS Mayfield
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO:					INTERVAL BETWEEN ONSET AND DEATH 2 days		
	ANTECEDENT CAUSES							
O	DISEASES OR CONDITIONS, IF ANY, GIVING					***************************************	***************************************	
CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)					***-***	***************************************	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER				ATION			20. AUTOPSY?
EDICAL	214 ACCIDENT WAS TIMBED 218 BLACE OF INTURY (4.5.				or   21c. WHERE D	IID (If in	Reltimore City	give exact location)
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?					give chact location,		
	INJURY	(Month) (Day) (Year)	,	21E, INJURY OCCURRING NOT WHILE AT WORK	ILE [T]			
	22. I hereby certify that I attended the deceased from Saft, 1952 to nov. 5, 1952 that I last saw t						, that I last saw the	
	deceased a	live on nov 5	1942.	and that death occur	red at 472 m.,	, from the c	causes and on t	the date stated above.
	23A. SIGNA	ORE Stander	1	M D 2	3805. Be	lais &	Z.	23c. DATE SIGNED
24a. BURIM, CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State)								
Burial 11/8/52 Western Cemetery Baltimore, Maryland								
	OCAL REGIST		S SIGNATU	Withaus M	FUNERAL DIR	Ruck,	, 5305 Ha	arford Road.
7	VS 150	To do	a.		0			
	7520010							

Harding 5 Belair Rd.

SECURIO SINGLE CONTROL SE

1	520				
	5 <b>2</b> 10199		EALTH DEPARTMENT		10199
В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF DECEASED 'ype or Print)	LO PAINTERY	uhns	OF DEATH OF	1752
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESTLENCE (W		stitution : residence before admission)
H	FULL NAME OF (If not in hospital or i OSPITAL OR ISTITUTION	nstitution, give street address or location)		outside corporate limits,	write RURAL and give
12	JOHNS HOPKINS	HOSPITAL	Dallem	ore 3708	n Chatotriships
	ngth of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If	rural tive location)	et
10		VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mont.	der I Year If Under 24 Hours has Days Hours Min.
1C worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BHITHPLACE (State or fo	preign country)	2. CITIZEN OF
13	PATHER'S NAME	none	14. MOTHER'S MAIDEN N	AME 6	U.S.W.
	William / ac	nter	Harriet	Deaco	n
(Ye	(If yes, give war or dates of ser	vice) 16. SOCIAL SECURITY NO.	JOHNS HOPK	INS HOSPITAL	PRESS
ERTIFICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which eaused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	CTLY  ng, e.g., disease, death.)  DUE TO  (B)  (B)  (C)	myradil Ensire arten adinsculu	iluti Dive	INTERVAL BETWEEN ONSET AND DEATH
U	19a. DATE OF OPERATION   19b. M	IAJOR FINDINGS OF OPER	ATION		20, AUTOPSY?
AL	0				YES NO W
MEDICAL		B. PLACE OF INJURY (e. g., is t bome, farm, factory, street, office bldg.,		f in Baltimore City, giv	e exact location)
2	21D. TIME (Month) (Day) (Year) (House	r) 21E. INJURY OCCURR  MHILE AT NOT WHILE WORK AT WORK		OCCUR?	di en
	22. I hereby certify that I attende		- 26, 19,50to	11-6 ,1952	that I last saw the
	deceased alive on # - 6 , 19. 23A. SIGNATURE	52 and that death occur	TOTAL TRANSPORT	he causes and on the	
Z/ TI	AA. BURIAL, CREMA- 24B. DATE DN. REMOVAL (Specify)	24c. NAME OF CEMETE		OCATION (City, town, or	eounty) (State)
	Burial Nov-8-1952	2 Drud Ridg	25. FUNERAL DIRECTOR	resvelle, Man	BORESS
	OCAL REGISTRAR REGISTRAR'S SIG	(ABAI)	June L& MANNE	108 11 hans	el am
4	VS 150	* * PONO	www - IIIwww G.	A.L. HI	The anie
		0000	10190	Cely "1.	

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-0 1C000	E	ALTIMORE CITY H	EALTH DEPART	MENT 5	2 10200
52 10200 BIRTH NO.		CERTIFICAT	E OF DEAT	H Registere	ed No.
1. NAME OF DECEAS (Type or Print)	Joseph L	(Joseph L. Man	ning)	2. DATE NO	V. 4.1952
3. PLACE OF DEATH: A. Baltimore City, I	Maryland	al Hospital	4. USUAL RESIDI	ENCE (Where deceased lived	
B. FULL NAME OF HOSPITAL OR INSTITUTION M		1405 Pi Ta location		(If outside corporate 1	mits, write RURAL and giv
4	. General	1707/100		CITY	3-0 6 township
ngth of stay in		Yrs. Mos. Days	3448	HICKORY	) ve. #11
M. 6.CO	LOR OR RACE 7. SING	GLE, MARKIEU WED, BLUORCED (Specify	8. DATE OF BRIT	9. AGE (in years last birthday)	Months Days Houra Min.
10A. USUAL OCCUPAT work done during most of working Walen ma	g life, even if retired)	nd of Business or	11. BIRTHPLACE OF	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	James B.M	(anning)	14. MOTHER'S MA	IDEN NAME	1
15. WAS DECEASED EVER	S. Mann	ing	Hnna	Scully	
(Yes, no or unknown) (If y	es, give war or dates of service)		Mrs Grac	e M.Madden-2512	ADDRESS Hamilton Avenu
118. 1814	LAL DVER.	CAUSE	OF DEATH	,0 22,000	INTERVAL BETWEEN
DISEASE OR	CONDITION DIRECTI	-Y	000	11	ONSET AND DEATH
(This does not m	ean the mode of dying, enia, etc. It means the dis	e. g., (A)	of Reday	aller.	
	cation which caused de	ath.) OUE TO	40	0 00	11
z	CEDENT CAUSES	BLUS	lula fr	som bled	les
RISE TO THE ABO	ONDITIONS, IF ANY, GI	THE OUE TO TE	exul	Terminal ile	un
OTHER SIGNIFI	CONDITION LAST.	(c) Haydra	mephrasis	& Hydra writer	(lyd)
H H	11				
TRIBUTING TO TH	CANT CONDITIONS ( IE DEATH, BUT NOT REL. OR CONDITION CAUSING	ATED Brand	no pueles	navia	600
. 19A. DATE OF OPE		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT W LYING OR CON		PLACE OF INJURY (e. g., ine, farm, factory, street, office bldg.,		(If in Baltimore Cit	y, give exact location)
S CHOSE OF BEATH	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 215 HOW DID	INJURY OCCUR?	,
OF INJURY	(Day) (Teal) (Hour)	WHILE AT NOT WHILE		INJURY OCCURY	
22 I hanahar aanti	ify that I attended t		1-	2 40 40 10 11	E9 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
deceased alive on		and that death occur	1 2 2	to 11/6, from the causes and o	9. <b>52</b> that I last saw then the date stated above
23A. SIGNATURE		4	38. ADDRESS	0	23C. DATE SIGNED
ZAA. BURIAL, CREMA-	le Baklio	M. O. 24C. NAME OF CEMETE	maryland	General Hospil	of 11/5/52 wn. or county) (State)
TION. REMOVAL (Specify) Burial	II-8-I952	New Cathedral	Cemetery	Edmondson Aven	
DATE RECEIVED BY	REGISTRAR'S SIGNA	TURE	25. FUNERAL DIR	ECTOR	ADDRESS

George J.Ruth, Inc.-1735 Harford Avenue

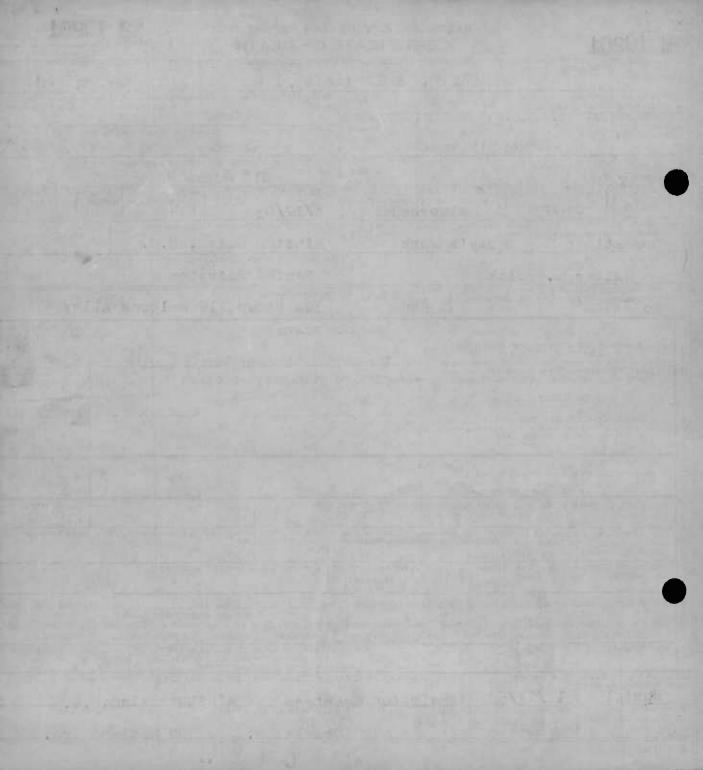
Continued of Eliphon Annual Section (some Disease) amount not trust state out and up a long of the state of the might replace and was property or to ( a co) Boundle-pursuper 10/5 12 11/47 82 11/10/10 According Comes Hear let 1/2/5 Justice Bank lider bilital full concern nonbitchell graduated the content woll good a-rr number of the state of the stat

# BALTIMORE CITY HEALTH DEPARTMENT 52 10201

B	2 1U2	01		CERT	ΓIFICAT	E OF DEATH	Register	ed No
	NAME OF E	DECEASED	LUCY	M.	BRICE (	Smith )	2. DATE OF DEATH	lov. 6, 1952
	Baltimore	City, Maryland				A. STATE	(Where deceased live	d. If institution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION				location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and giv
-	3.V	Unive	rsity He	ospite	Yrs.	Baltin		
	ength of s	stay in Baltimore			Mos. Days		elcome Alley	
	female	6.COLOR OR RACE			ORCED (Specify)	8. DATE OF BIRTH 5/12/03	9. AGE (In year last birthday)	Months Days Hours Min.
1C worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)		OF BUS	INESS OR	11. BIRTHPLACE (State Winston Sa		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S					14. MOTHER'S MAIDEN Ber tha Ha	NAME	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOO SEC NO	CIAL CURITY NO. Ne	17. INFORMANT	119 Welcome	ADDRESS Alley
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g. ns the disease caused death SES F ANY, GIVIN STATING TH STATING TH STATING TH	e, .) <del>-DUE</del> (E IE DUE	eromassiv	ophlebitis of l e pulmonary emb		
CER	TO THE D	TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING IT	г	GS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. EXTERI UNDERLYIN UTING   C	NAL CAUSE WAS G OR CONTRIB-			NJURY (e. g., ir street, office bldg., e		(If in Baltimore Ci	ty, give exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year)		HILE AT	NOT WHILE	21F. HOW DID INJ	URY OCCUR?	
	the ev	eath in my opinion	said Auto	nsu. Ins	spection or I	Autop nquiry, find that said K, accident □, suice	sy, Inspection or Inquil deceased died or ide [], homicide []	i the day stated above $\exists$ , undetermined $\Box$ .
21	A. BURIAL,	158	Fis	her NAM		ASSISTANT MEDICAL INVESTIGENCE OF CREMATORY   240	AL EXAMINER	Nov. 7, 1952
TIC	Buria:	Specify) 11/11/			ston Ce	metery W	inston Sal	
N	ATE RECEIVE	COLUMN TO THE PARTY OF THE PART	SIGNATU	RE	ALLAG-, M	25. FUNERAL DIRECTO	DR	ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT 10202 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF Bernard E. Lam DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) c. Length of stay in Baltimore 055 Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years If Under 1 Year last hirthday) Months: Days WIDOWED, DIVORCED (Specify) Hours! Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY HEM STEE 19. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) SECURITY NO. 214-20-4049 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 1952 to NOV. 5 , 195 that I last saw the 22. I hereby certify that I attended the deceased from\_ decedsed alive on Nov 5 \_\_ 1952, and that death occurred at 6.00 f.m., from the causes and on the date stated above.

24c. NAME OF CEMETERY OR CREMATORY ELKTON

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) KEMOVAL DATE RECEIVED BY

234. SIGNATURE

LOCAL REGISTRAR

24B DATE

25. FUNERAL DIRECTOR

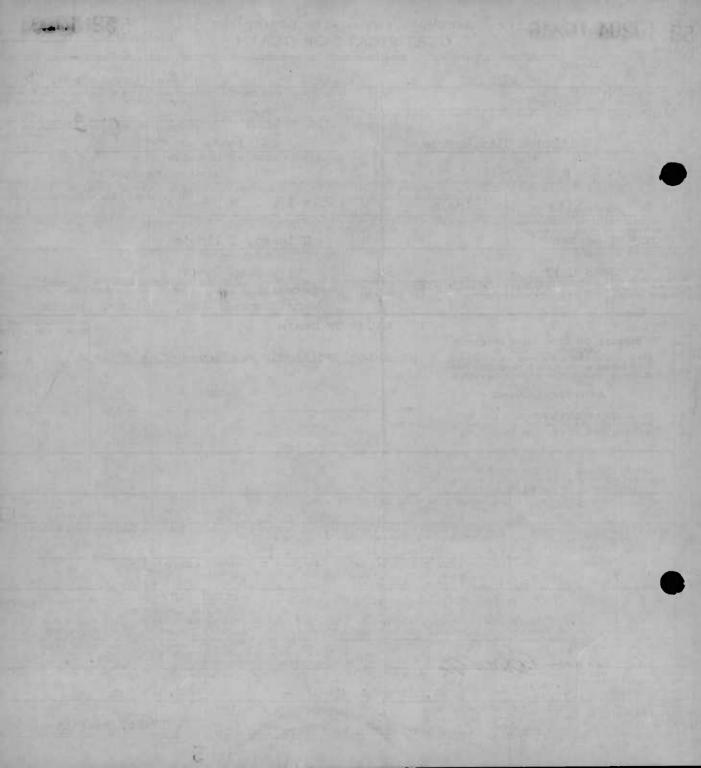
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	52 10	203		BAI			HEALTH DEPAR		Registe		10203
В	IRTH NO.	たいひ			CER	IIFICA	TE OF DEA	IH	registe		
1. (T	NAME OF D Type or Print)	DECEASED.	V	oui	a l	Ma	ters		OF DEATH	N. 4	1952
A.	Baltimore (	City, Maryla					A. STATE	DENCE (Who			tution: residence before admission)
H	FULL NAME OSPITAL OR	OF If not	in hospital	l or institut	ion, give	street address		VN (If or	atside corporate	limits, wri	ite RURAL and give
IN	559	the	est	mas	· .	M.	Ba	lete	iner	e /	L/~ (township)
U.				10		Yrs.		RESS Uf	ral, give location	on)	11
c.	Length of s	tay in Balti		7. SINGL	-	J-46 Days	s 3 5 9	TR	eset	ma	en St.
1	nale	Calm	el	WIN		ORCED (Sedif	Sept 17	1883	9. AGE (In year last birthday	ms If Under Months	Days Hours Min.
1C worl	A. USUAL, OC	of working life, ever	rive kind of n if retired)	10B. KINE	OF BU	SINESS OR	1 BIRTHPLACE	(State or fore	eigh country)		CITIZEN OF
13	FATHER'S			1			14. MOTHER'S N	MAIDEN NAM	ME /		v. s.a.
1	mill	lane	01	ale	To	00	Corne	lin	TRE	lak	les
15 (Ye	s, no or unknown)	ED EVER IN U. (If yes, give w	S. ARMED	FORCES? of service)	16. SO SE	CIAL CURITY NO.	HTHEORMAN	naus	e N.	Asto	steps
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	18. 420					CAUSE	OF DEATH	9	9		NTERVAL BETWEEN ONSET AND DEATH
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MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OF CAUSE OF INJURY  22. I hereb deceased al 23A. SIGNATA A. BURIAL, REMOVAL (S)	complication  ANTECEDEN  SOR CONDIT  HE ABOVE CAN  VING CONDIT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  SIGNIFICANT  OF OPERATIO  OF OPE	CONDITION 19  CO	ANY, GIVING TATIONS CONTOUR RELATE CAUSING I B. MAJOR  21B. PLA shout home, I be maded the part of the	GE DUIL  FINDIN  ACE OF I larm, factor;  21E. INJ  WHILE AT Care and than	RGS OF OPE  NJURY (e. g., g., street, office bidg  URY OCCUR  NOT WHILL AT WORK  and from  t death occur  M. D.	In or 21c. WHERE INJURY OCCURRED 21f. HOW D	to injury of the from the mostice	causes and	195, the	exact location)  at I last saw the stated above.  C. DATE SIGNED
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2 1020	4		CERTIF	TICATI	OF DEATH	Registered	No.	20/4
BIRTH NO.								
1. NAME OF DE (Type or Print)		T T T 035	3.8	OAT	1 ALIAN	2. DATE OF N	amban 6	1050
3. PLACE OF D		LLIAM	М.	CAL	LAHAN   4. usual residence (V	DEATH NOV		
A. Baltimore C	City, Maryland				A. STATE	B. COUNTY		e admission)
B. FULL NAME -	OF 'f not in hospita	al or instituti	ion, give street	t address or location)	Maryland c. CITY OR TOWN (I	outside corporate lin	ite write RIIR	AT and give
NSTITUTION	Baltimore C	iter Mar	0.001.0				, with the state of the	township)
	Daltimore o	16y 1901	Rue	Yrs.	Baltimore D. STREET ADDRESS (If			
anoth of st	tay in Baltimore			Mos.		kespeare Str	eat.	
5. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	Days	8. DATE OF BIRTH	9. AGE (In years)		If Under 24 Hours
Male	White	sing			July 12, 1886	last birthday)	Months Days I	Iours Min.
	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZE	N OF COUNTRY
Merchant	Seaman				Chicago, Illi	nois		
13. FATHER'S N	IAME		- 14411		14. MOTHER'S MAIDEN N	AME		
Jo	ohn Callahan				Elizabeth Mo	Gill		
5. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	ITY NO.	17. INFORMANT		ADDRESS	
,		,	SECON	111 140.	Owens Funeral F	Home, Whitin	g. India	na
heart failu injury or  DISEASES RISE TO T UNDERLY	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication which is one complication to the death, but to the death, but	of dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH ST.	(B) (B) (C)		osclerotic cardic	ovascular di	sea se	
	F OPERATION 1		FINDINGS	OF OPER	ATION		RJP*	JTOPSY?
UNDERLYING C	IAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year)	aboot home, fa	CE OF INJU arm,factory,stree	t, office bldg., e	(c.) INJURY OCCUR?	If in Baltimore City	, give exact lo	
INSORT		m. V	WORK WORK	NOT WHILE				
the evi	denee obtained by	said Auto	psy, Inspec	tion or I	bove, held an partia Autopsy, nquiry, find that said d N, accident \( \square\), suicide	eceased died on	the day star	ted above
23A. SIGNAT		10			23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER	Nov. 7,	GNED
24A. BURIAL. C	REMA- 248, DATE	DUNG	AC NAME O		D.   MEDICAL INVESTIGAT RY OR CREMATORY   24d. L			(State)
ION, REMOVAL (S)	pecify)	16	_		77			(Diate)
removal	TT/ // )2	CICNATU		eph's		mond, India	na ADDRESS	
ATT PEGISTE		The Will	LAULA- K	1.32	Wm. Cook, Inc	1217 St.		reet /
V S 151	ð	7.630	623	5.5	51010	5		1
					5 V	200		



600	EQ 46005	
52 10205 26288 BALTIMORE CITY HE CERTIFICATE		)
1. NAME OF DECEASED (Type or Print) Baby Boy Parr (Michael Jo	seph Parr)   2. DATE OF DEATH NOV. 7, 19 5	=
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admissi	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, wrise RUBAL and	
MERCY HOSPITAL	BALTIMORE 4-0 towns	hip)
c. Tigth of stay in Baltimore  Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  600 Wyande Ave:	
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)  W	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year last birthday) Months Days Hours M	lours Iin.
10A. USUAL OCCUPATION (Givekind of retired)  None  10B. KIND OF BUSINESS OR INDUSTRY  None	11. BIRTHPLACE (State or foreign country) Baltimore  (MARYLAND) 12. CITIZEN OF WHAT COUNTI U.S.A.	RY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE PARR	MARY T. TERRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None	Mr. George T.Parr-600 Wyanoke Avenue	
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Remelling	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY	7
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	or   21c. WHERE DID (If in Baltimore City, give exact location)	
INJURY  OCCURRE  MHILE AT NOT WHILE AT WORK  NOT WHILE AT WORK	ED 21F, HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	3 . 83	
Martine Triova - Certega M.D.  24A. BURIAL, CREMA- 24B. DATE 124C. NAME OF CEMETER	3B. ADDRESS 23c. DATE SIGN	ED
Burial II-8-1952 Holy Redeemer		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAD Huntington Miliaum, M.P.	25. FUNERAL DIRECTOR ADDRESS George J.Ruth, Inc1735 Harford Avenue	

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	Te off Re				
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ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY YES X

thereon and from

84			 DEATH	
N	MATTHE	WS		

BIRTH NO.	OERTH TOATE	- OI BLATTI			
I. NAME OF DECEASED Type or Print)	JOHN MATTHEWS	2. DATE OF OF NO DEATH	v. 5, 1952		
B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE  Maryland  B. COUNTY  before admission			
B. FULL NAME OF Frot in hospital or institution, give street address of location NSTITUTION  Baltimore City Morgue		r			
ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location 263 Hoffman Street			
male colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9. AGE (In year last birthday) 12-28-1889 65	rs H Under I Year H Under 24 Hours Min.		
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		

g most of working life, even if retired) Porter

13, FATHER'S NAME John Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, etreet, office bldg., etc.)

UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) INJURY

22. I certify that I took charge of the remains described above, held an

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Burial 11-10-52 DATE RECEIVED BY REGISTRAR'S SIGNATURE

INDUSTRY

DUE TO

DUE TO

WHILE AT

WORK

Virginia 14. MOTHER'S MAIDEN NAME Georgeanna Church SECURITY NO. -30-5879

17. INFORMANT Jas. B. Carpenter 1013 Penna. CAUSE OF DEATH

(A) Hypertensive cardiovascular disease

21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

> NOT WHILE AT WORK

425. FUNERAL DIRECTOR

autopsy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes [a], accident [a], suicide [a], homicide [a], undetermined [a].

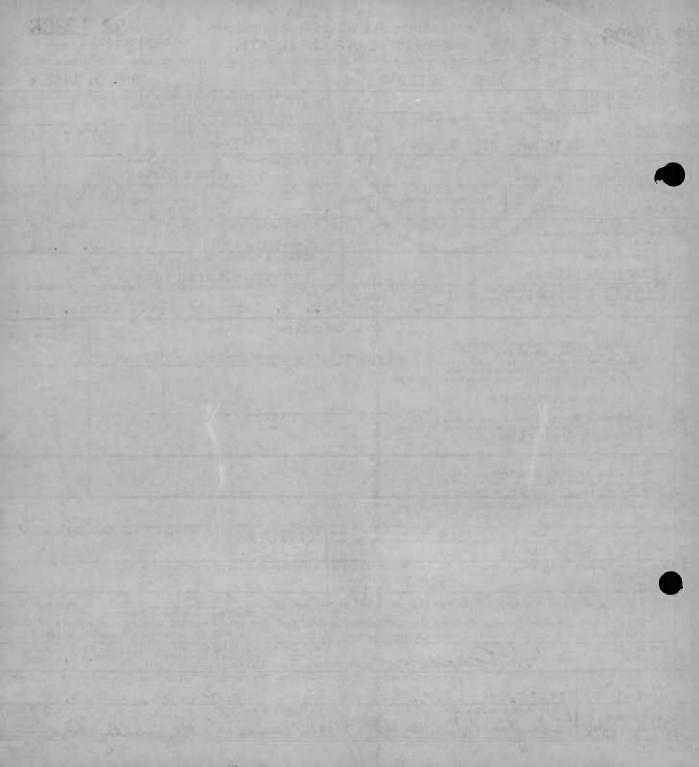
238, CHIEF MEDICAL EXAMINER ...... ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR .....

Nov. 5, 1952 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

REGISTRAR 151

CERTIFICATION



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DIDT		-	

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT

52 10207

Z 1UZU	7	CERTIFI	CATE	OF DEATH	Regist	ered No	-0404
1. NAME OF D (Type or Print)	eceased Je	sse L. Handy			2. DATE OF DEATH	Nov.	4,1952
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE			tion: residence before admission
	OF (If not in hospit	al or institution, give street a fayette Ave.	ddress or location)	Maryland c. city or town Baltimore		-	2
c. Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS			
s.sex Male	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH	9. AGE (In y last birthd	ears   H Under 1 Y	lear H Under 24 Hours Days Hours Min.
10A. USUAL OC ork done during most Porter 13. FATHER'S N	CUPATION (Give kind of of working life, even if retired)	108, KIND OF BUSINES	S OR DUSTRY	Maryland 14. Mother's Maide	e or foreign country)		THAT COUNTRY
	Handy			Georganna I	Pipes		
15. WAS DECEASE Yes, no or nnknown)	ED EVER IN U. S. ARMEE (If yes, give war or date	FORCES? 16. SOCIAL SECURIT 216-24-		17. INFORMANT Mrs Isabel	la Handy	ADDRES	OU / W
(This does heart failu injury or DISEASE	SE OR CONDITION LEADING TO DEA: not mean the mode of the complication which of any of the complication which of the complication o	TH of dying, c. g., (A) ns the disease, raused death.) DUE TO SES  F ANY, GIVING STATING THE DUE TO		Trterio d	ey (Cere Sclorosi	bral)	V doys
TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
		98. MAJOR FINDINGS O	F OPER	ATION			ZO. AUTOPSY?
21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLACE OF INJUR'sbout home, farm, factory, etreet, c	Y (e. g., in office bldg., e	or 21c. WHERE DID tc.) INJURY OCCUR?	(If in Baltimore	City, give exa	act location)
22. I hereb	(Month) (Day) (Year)  y certify that I att	m. WHILE AT NO NORK PORCE	of while	pf 15, 19571	Nov of		
23A. SIQNA	TUREPSE	, 19 <b>IV</b> , and that deat	M. D.	\$25 N.	om the causes and	au 11-	DATE SIGNED
24A. BURIAL. (S TION, REMOVAL (S Burial	CREMA: 248, DATE Specify) 11-8-5	- 354 Ass			& LOCATION (City Baltimore		
DATE RECEIVE LOCAL REGIST	RAR	ton Williams	M.J.	My trave	a Heur		idale H

y 5 2 780 99

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### BALTIMORE CITY HEALTH DEPARTMENT

59 40000

2,10208		CERTIFICATI	E OF DEATH	Registered No.	IUZUO
1. NAME OF DECEASED (Type or Print)	ILLIAN (	QUEEN		2. DATE OF DEATH NOV.	6,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (W)		
B. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION 1706 N		cion, give street address or location) Grove Sto		outside corpodat limiter w	nte RURAE and give township)
		Yrs. Mos.	D. STREET ADDRESS (If r		
5. SEX   6. COLOR OR RA		Days	1706 N. Popla		
Male Colored	Widow	E. MARRIED. VED, DIVORCED (Specify)	sept. 1898	9. AGE (In years II Under last birthday) Month	n 1 Year   H Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give k ork doos during most of working life, even if re	iodof 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country)   12	CITIZEN OF
Laborer 13. FATHER'S NAME	ineu/	Sen 1	Maryland	U	S. A.
			14. MOTHER'S MAIDEN NA	ME	
Mora Queen			Unknown		
15. WAS DECEASED EVER IN U. S. A Yes, no or ooknowo) (If yes, give war o	RMED FORCES? dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	en addi	RESS
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II OTHER SIGNIFICANT CO	AUSES  IS, IF ANY, GIVIN (A) STATING TI N LAST.  ONDITIONS COLUMN	(B)			
19a. DATE OF OPERATION	···	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	about home,	ACE OF INJURY (e.g., information of the state of the stat	etc.) INJURY OCCUR?	in Baltimore City, give	YES NO C
Moon	m.	WHILE AT NOT WHILE			
22. I hereby certify that I deceased alive on 11:6	, 1952	and that death occur	red at 71/2 m., from th	e causes and on the c	
24A. BURIAL, CREMA-/24B. DA'TION, REMOVAL (Specify)	TE :	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or o	
Burial 11-1	0-53	Mt. Calvery		Arundel Co	., Md.
LOCAL REGISTRAR	thington		25. FUNERAL DIRECTOR	T. Heersley	Diddle of
VS 150	1	592029	010199		

SOUTH AND COMES OF A SELECT AND A PARTIES OF any service and the service of the s

560
52 10209
BIRTH NO.
1. NAME OF DECEASED

VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

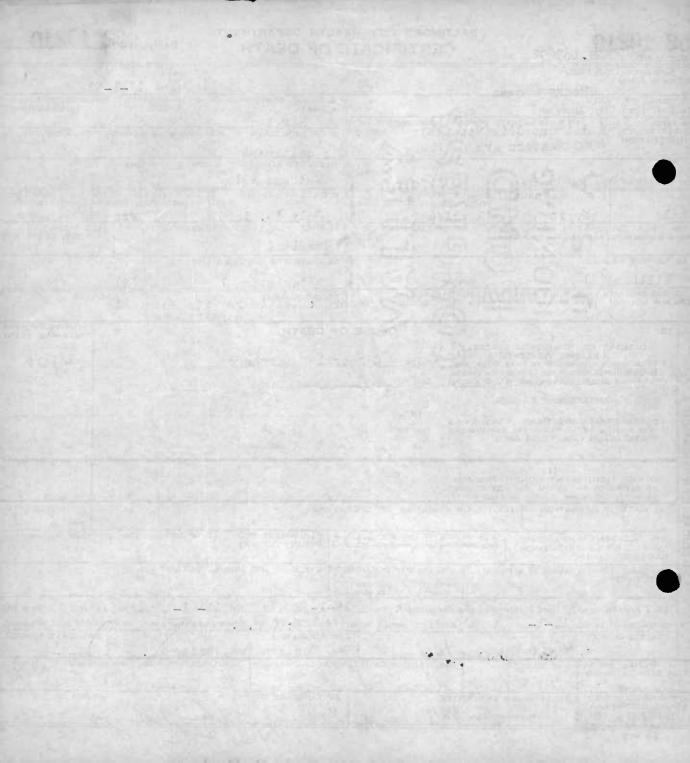
52 10209 Registered No .\_\_

2. DATE

(Type or Print)	HELE	NE HA	MMER			OF Nove	mber 6,	1952
3. PLACE OF DEA				4. USUAL RESIDE	NCE (Where	deceased lived. 1 B. COUNTY	f institution; re	sidence admission)
A. Baltimore Cit	ty, Maryland	al on institut	ion, give street address or	Maryland		B. COUNTY	belore	zamission)
HOSPITAL OR			location)	C. CITY OR TOWN	(If outside	de corporat lim	its, write RUHA	
INSTITUTION 19	26 Gough St	reet		Baltimore		L	-01	township)
		10	Yrs. Mos.	D. STREET ADDRE	ss (lf rural,	give location)		
c. Length of sta	ay in Baltimore	Life	Days	1926 Goug				
5. SEX 6	COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9.4	AGE (in years last birthday) M	If Under I Year If Ionths: Days H	Under 24 Hours ours! Min.
Female	White		owed	March 24, 18		54		
10A. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (S		country)	12. CITIZEN	OF
Machine Op		Leathe	r Goods	Maryland			, viid	OOMINI
13. FATHER'S NA			(1/4)	14. MOTHER'S MAI	DEN NAME			
Thomas	Lignowski		(, %	Anna Bor	kowska			
15. WAS DECEASED	EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	ROW OTEC		ADDRESS	
(Yes, no or unknown)	(If yes, give war or date	s of eervice)	SECURITY NO.		741.0			Ave
1 1			1216 09 9811	Mrs. Lillian	Wishier	rsk1 . 109	INTERVAL	ington BETWEEN
18. 422	.1 1		CAUSE	OF DEATH				ND DEATH
	OR CONDITION		A+	rio scler	+.	A. /		
(This does r	not mean the mode of asthenia, etc. It mea	of dying, e. s	0				***********	
injury or c	complication which	aused death	L) DUE TO	0	1		The state of	
A	NTECEDENT CAUS	SES	n	scular.	dise	are		
z	(B)							
O DISEASES	OR CONDITIONS, I	STATING TH						
UNDERLY	NG CONDITION LA	AST.	(C)	•••••••		**********		
0					2.5 to 10.10 to 10.00			
DISEASES RISE TO TH UNDERLYI  OTHER SIG	GNIFICANT COND	ITIONS CO	N.					
	TO THE DEATH, BUT	NOT RELATI	ŁD .					
	OPERATION	3	FINDINGS OF OPE	RATION			20. AU	TOPSY?
7	0						YES	No [
21A. ACCIDE LYING OR CAUSE OF D	NT WAS UNDER.		ACE OF INJURY (e. g.,			Baltimore City,	, give exact loc	ation)
LYING OR	CONTRIBUTING	about home,	farm, factory, street, office bldg.	etc.) INJURY OCCUI	R7			
2	Month) (Day) (Year	(Hour)	21E. INJURY OCCURE	ED 21F, HOW DID	INJURY OC	CUR?		
FINJURY			WHILE AT NOT WHILE					
		m.	WORK AT WORK		1101	, ,	~4	
22. I hereby	certify that I at	tended the	deceased from O	1956	to NOV	193	se, that I las	st saw th
		_, 19.5.2.	and that death occu	rred at IV	from the co	ruses and on	1 23c. DAT	cd above
23A. SIGNAT	URE 17	21.	10 4	100 S D	of Ph	Con	Nov.	
	REMA- 24B. DATE	16	24c. NAME OF CEMET	ERY OR CREMATORY	24D LOCA	TION (City, tow		(State)
24A. BURLAL, CI	pecify)							
Burial	11/10/5		St. Stanisla		Baltimo	ore, M	ADDRESS	
DATE RECEIVED	RAR I II	'S SIGNAT		25. FUNERAL DIR		2 1000 EA		THITT
MUN 8 - 19	22 Tuntu	witor 1	Adiaws, Mys.	M.F. SADOWSK	T & SON!	5,1808 EA	STERNAV.	THO E

THE PERSON NAMED IN COMPANY OF THE REAL PROPERTY AND A PARTY OF A DESCRIPTION OF THE PROPERTY OF THE PARTY O

BALTIMORE CITY HEALTH DEPARTMENT Registered 2 10210 CERTIFICATE OF DEATH MIB.163692 BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 11-1-52 Henry Thomas 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or ltimore City Hospitals location) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. bength of stay in Baltimore Welcome Alley Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours Min. Male Negro July 10, 1865 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William (d) Henrietta ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY RECORDS: Baltimore City Hospitals (Yes, no or nnknown) INTERVAL BETWEEN 18. 331X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Hemorrhage 12 hrs (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES Y (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout bome, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT 10-1-52 19 to 11- 1- 19 52 that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_ 19 52, and that death occurred at 5:20 P. prom the causes and on the date stated above. deceased alive on 11-1-23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave, Balto Md. 24D. LOCATION (City, town, or county) State 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



# BALTIMORE CITY HEALTH DEPARTMENT

52 10211

11	اواله المام المالي المالي	•	C	ERTIFI	CATE	OF DEATH	1	Registered 1	Vo	
В	RTH NO.				0/11/2	OI DE/III				
	NAME OF D		redo	161	CUP.	si		OF You.	6-1	1952
A	PLACE OF DE Baltimore C	City, Maryland	70 M.W	asking	ne H	STATE				nt: residence efore admission)
H	OSPITAL OR	OF (If not in hóspí	al or institution		42 . 3 1	CITY OR TOWN	fo . (If outside	le corporate limit	s, while R	URAL and give township)
C.		tay in Baltimore		40	Yrs. Mos. Days	STREET ADDRES	n /1/	give ocation) f	- 81	1.
2	Yale	White	Marie	MARRIED. D. DIXORCED	(Specify)	Pug 10 18	184 9. A	GE (In Years ast birthday) Mo	f Under   Year onths Day	M Under 24 Hours Hours Min.
MOL	done during most o	CUPATION (Give kind of of wriging life, even if retired)	Packag	e Stone	VISTRY	HRTHPLACE (St.	tate or foreign	country)	12. CIT	IZEN OF
	B. FATHER'S N	Joseph I	curse		112/ 1	4. MOTHER'S MAII	DEN MAME	lia	(	
15 (Ye	MAS DECEASE	D EVER IN U.S. ARMEI (If ecs, give war or date	D FORCES?	33-10-	0902	INFORMANT JO	cci -	180 M. 2	DORESE	natore Il
ď	18. 420			CA	USE OF	DEATH			INTE	RAL BETWEEN
	,	E OR CONDITION	DIRECTLY		A				ONS	ET AND DEATH
		LEADING TO DEA not mean the mode	TH		Le	nonon	, occ	lusin		6 ~~ .
	heart failu	re, asthenia, etc. It mes complication which	ans the disease.	(A) DUE TO	•••••••••			*************	7	
		ANTECEDENT CAU	SES		D		0 -			3
NOIF	RISE TO T	OR CONDITIONS, I	STATING THE	(B)		<u> </u>	••••••••			Jans.
CA	UNDERLY	ING CONDITION L	AST.		A	$\cap$			)	
Ē				(C)	/ Liv	llugua	-du	4	/	7.
RT	OTHER S	II IGNIFICANT COND	ITIONS CON-		. 10 1	1,0	. /	TAY TO STATE		7
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATED		100	lagen .	disease			
_			9B. MAJOR F	INDINGS OF	OPERAT	ION		7.100	20	AUTOPSY?
CAL			1 24 51 12			1			YES	
MEDI	HOMICIDE	NT. SUICIDE, (Specify)		E OF INJURY		INJURY OCCUR		Baltimore City,	give exac	t location)
-	D. TIME (	Month) (Day) (Year)	(Hour) 21	E. INJURY O	CCURRED	21F. HOW DID	INJURY OCC	UR?		
	The series			ORK N	T WHILE				204	
	22. I hereby	y certify that I att	tended the de	eceased from	$n = \mathcal{F}$	1947	to New	-6_,195	2 that I	last saw the
		ive on Dor- 4				d at 7 20 m.,	from the ca	uses and on t	he date	stated above.
	234 GNAT	URE	200			ADDRESS				ATE SIGNED
	you	rad L. G	thus		1. D. 3	128 Han	road '	1251	11	17/52.
3	AN BURIAL, CON REMOVAL S	REMA- pecify) ////	152 24	C. NAME OF C	METERY	OR CREMATORY	240. LOGAT	ION (City, town	or count	(State)
0	ATE RECEIVED	D BY   REGISTRAR	SSIGNATUR	El	1 2	5. FUNERAL DIRE	CTOR	7	ADDRE	S6/
	ALOV O	RAR 1	ton Vill	Lauren A	136	14mmin	a dolar	-3201	11/1	Lorelle au

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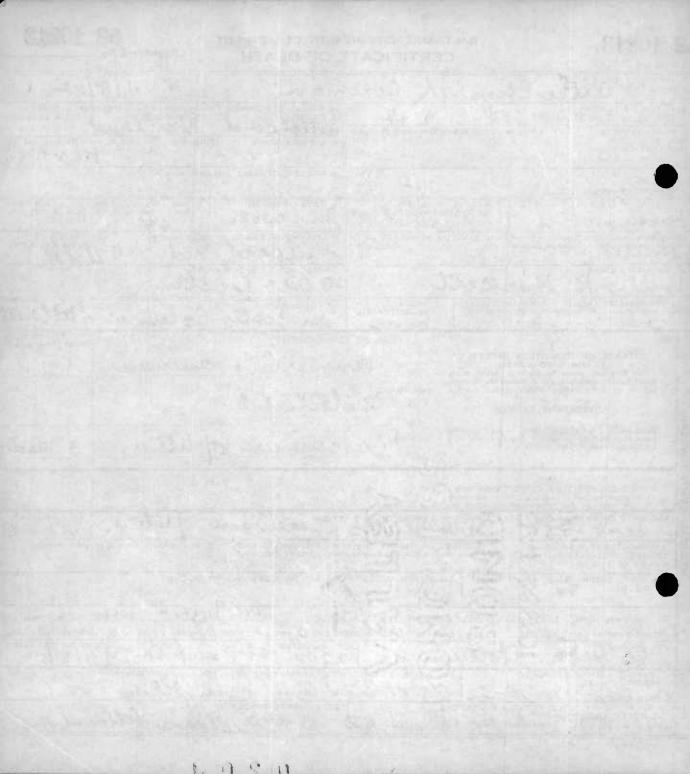
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56	2 102:	13		CERTIFIC			ENT	Registere		TAKER
_	IR'M NO.									
	NAME OF Type or Print)		now	Tilhan	2			OF N	ov.	4.1952
A.		City, Maryland	of ann	phins sto	A. ST	ATE CONTRACT		eceased lived. B. COUNTY	If institu	ution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	N.			4:11	TY OR TOWN	(If outside	corporate li	nits writ	e RERAL and give
3		JOHNS HOPKI	NS HOSPIT	TAL		1306	anut	4/	7	townip)
6		stay in Baltimore			Yrs. D. ST Mos. Days	RE T ADDRESS	If rural,	tive location)	25	大,
5.	Mala	6. COLOR OR RAC		E, MARRIED. VED, DIVORCED (S	pecify) 8. DA	6-1880		SE (in years st birthday)	If Under 1 Months	Year If Under 24 Hours Days Hours Min.
10 vori	done during most	CCUPATION (Give kind tof working life, even if retire	of 10B. KIND	OF BUSINESS OF		E sth	te or foreign	ountry)		ITIZEN OF VHAT COUNTRY
13	. FATHER		20000		14. M	OTHER'S MAID	EN NAME	186	_	
15 (Ye	MAS DECEAS	SED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY I	17. IN	FORMOTHS	HOPKINS	HOSPITA	ADDRE	ss
	18. // 5.6			CALL	SE OF D					TERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		SE OF D	1			0	NSET AND DEATH
	(This doe	LEADING TO DE	ATH of dying, e.g	w	nno	cardy	of in	Jens A	son	3/200
	heart fail	lure, asthenia, etc. It m	oans the disease							
		r complication which	caused death		1		d			
	Injuxy or		caused death	e, .) DUE TO	0					
z		ANTECEDENT CAL	caused death	(B)	0		A			
LION	DISEASE RISE TO	ANTECEDENT CAU	caused death  JSES  IF ANY, GIVIN  A) STATING TH	.) DUE TO  (B)	ď					
CATION	DISEASE RISE TO	ANTECEDENT CAL	caused death  JSES  IF ANY, GIVIN  A) STATING TH	.) DUE TO  (B)						
E	DISEASE RISE TO	ANTECEDENT CAUSES OR CONDITIONS, THE ABOVE CAUSE (ALLYING CONDITION	caused death  JSES  IF ANY, GIVIN  A) STATING TH	(B)						
RTIFI	DISEASE RISE TO UNDERL	ANTECEDENT CAN ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION A  II SIGNIFICANT CONI	caused death JSES  IF ANY, GIVIN (1) STATING TH LAST.	(B)						
E	DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE 1	ANTECEDENT CAUSE OR CONDITIONS, THE ABOVE CAUSE (A VING CONDITION  II SIGNIFICANT CONI IG TO THE DEATH, BU DISEASE OR CONDITIO	caused death  JSES  IF ANY, GIVIN () STATING TH  LAST.  DITIONS CON T NOT RELATE	(B)						
CE	DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE 1	ANTECEDENT CAUSES OR CONDITIONS, THE ABOVE CAUSE (ALL YING CONDITION III) SIGNIFICANT CONIG TO THE DEATH, BU	caused death  JSES  IF ANY, GIVIN () STATING TH  LAST.  DITIONS CON T NOT RELATE () CAUSING I	(B)						20. AUTOPSY?
CERTIFI	DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE 1	ANTECEDENT CALL ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION  II SIGNIFICANT CONI IG TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION	caused death JSES  IF ANY, GIVIN I) STATING TH LAST.  DITIONS CON T NOT RELATE NO CAUSING I' 19B. MAJOR	(B)	OPERATION	c. WHERE DID				20. AUTOPSY? YES NO  xact location)
ERTIFI	DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE 1 19A. DATE	ANTECEDENT CAN ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION)  SIGNIFICANT CONI IG TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION DENT WAS UNDER- DR CONTRIBUTING	caused death JSES  IF ANY, GIVIN () STATING TH LAST.  DITIONS CON T NOT RELATE () CAUSING I' 19B. MAJOR	(B)	OPERATION					YES NO
DICAL CERTIFI	DISEASE RISE TO UNDERL  OTHER TRIBUTIN TO THE 1 19A. DATE  21A. ACCII LYING CAUSE OF 21D. TIME	ANTECEDENT CAUSE OF CONDITION OF OPERATION OF CONTRIBUTING OF	caused death JSES  IF ANY, GIVIN (1) STATING TH LAST.  DITIONS CON T NOT RELATE ON CAUSING I' 19B. MAJOR  21B. PLA about home, f	(B)	OPERATION e. g., in or 2 bldg., etc.)	c. WHERE DID	(If in B	altimore City		YES NO
DICAL CERTIFI	DISEASE RISE TO UNDERL  OTHER TRIBUTIN TO THE 1  19A. DATE  21A. ACCIL LYING CAUSE OF	ANTECEDENT CAUSE OF CONDITION OF OPERATION OF CONTRIBUTING OF	caused death JSES  IF ANY, GIVIN IN STATING TH LAST.  DITIONS CON T NOT RELATE NO CAUSING I' 19B. MAJOR  21B. PLA about home, f	(B)	OPERATION e. g., in or 2 bldg., etc.)	IC. WHERE DID	(If in B	altimore City		YES NO
DICAL CERTIFI	OTHER TRIBUTIN TO THE I 19A. DATE  21A. ACCII LYING CAUSE OF 21D. TIME INJURY	ANTECEDENT CAUSE OF CONDITION OF THE ABOVE CAUSE (ALL YING CONDITION OF THE DEATH, BUDISEASE OR CONDITION OF OPERATION OF CONTRIBUTING OF CONT	caused death  JSES  IF ANY, GIVIN (1) STATING TH  LAST.  DITIONS CON T NOT RELATE ON CAUSING I'  19B. MAJOR  21B. PLA about home, f	(B)	e. g., in or 2: In bldg., etc.) In URRED 2 WHILE VORK	IC. WHERE DID JURY OCCUR? IF. HOW DID IN	(If in B	altimore City	y, give ex	YES NO Kaet location)
DICAL CERTIFI	OTHER TRIBUTIN TO THE 1  21A. ACCII LYING CAUSE OF 21D. TIME INJURY  22. I here deceased of	ANTECEDENT CALL ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION)  SIGNIFICANT CONI IS TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Yea  by certify that I a live on	caused death  JSES  IF ANY, GIVIN (1) STATING TH  LAST.  DITIONS CON T NOT RELATE ON CAUSING I'  19B. MAJOR  21B. PLA about home, f	(B)	e. g., in or 2 in bidg., etc.) In URRED 2 while occurred at	IC. WHERE DID JURY OCCUR? IF. HOW DID IN	(If in B	altimore City	s, give ex	YES NO React location)  At I last saw the te stated above.
DICAL CERTIFI	OTHER TRIBUTIN TO THE I 19A. DATE  21A. ACCII LYING CAUSE OF 21D. TIME INJURY	ANTECEDENT CALL ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION)  SIGNIFICANT CONI IS TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Yea  by certify that I a live on	caused death  JSES  IF ANY, GIVIN (1) STATING TH  LAST.  DITIONS CON T NOT RELATE ON CAUSING I'  19B. MAJOR  21B. PLA about home, f	(B)	operation e.g., in or 2 bldg., etc.) In URRED 2 WHILE VORK occurred at 23B. AD	IC. WHERE DID JURY OCCUR? IF. HOW DID IN	(If in B	altimore City	s, give ex	YES NO Kaet location)
MEDICAL CERTIFI	DISEASE RISE TO UNDERL VINDERL OTHER TRIBUTIN TO THE I 19A. DATE  21A. ACCILLYING CAUSE OF 21D. TIME INJURY  22. I here deceased of 23A. SIGNA	ANTECEDENT CAUSE OF CONDITIONS, THE ABOVE CAUSE (ALL YING CONDITION OF THE DEATH, BUDISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBU	caused death  JSES  IF ANY, GIVIN (1) STATING TH  LAST.  DITIONS CONT NOT RELATE ON CAUSING I'  19B. MAJOR  21B. PLA about home, f  about home, f  TY (Hour)  m.  ttended the	(B)	OPERATION  e. g., in or 2 bidg., etc.)  URRED 2  WHILE VORK  Occurred at  236. AD	IC. WHERE DID JURY OCCUR? IF. HOW DID IN 1953 t 830 m., fr DRESS DHNS HOPKI	(If in B	ur?  4 , 19 ses and on	53, that the da	YES NO REACT location)  At I last saw the te stated above.
AN MEDICAL CERTIFI	OTHER TRIBUTIN TO THE I 19A. DATE  21A. ACCILLYING CAUSE OF 21D. TIME INJURY  22. I here deceased of 23A. SIGNA	ANTECEDENT CAUSE OF CONDITIONS, THE ABOVE CAUSE (ALL INTERPRETATION OF CONDITION OF THE DEATH, BUDISEASE OR CONDITION OF OPERATION OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBU	caused death JSES  IF ANY, GIVIN ISTATING TH LAST.  DITIONS CONT NOT RELATE NOT RELATE 19B. MAJOR  21B. PLA about home, f  TY (Hour) m.  ttended the 1952,	(B)	OPERATION  e. g., in or 2 bldg., etc.)  URRED  WHILE OCCUTTED  236, AD  METERY OR (C)	IC. WHERE DID JURY OCCUR?  IF. HOW DID IN  1953 t  830 m., fr  DRESS DHNS HOPKI CREMATORY 2	(If in B  IJURY OCC  TO 11  TO THE CAR  AD, LOCATI	ur?  4 , 19 ses and on	y, give ex	xact location)  At I last saw the te stated above.  C. DATE SIGNED (State)
MEDICAL CERTIFI	DISEASE RISE TO UNDERL VINDERL OTHER TRIBUTIN TO THE I 19A. DATE  21A. ACCILLYING CAUSE OF 21D. TIME INJURY  22. I here deceased of 23A. SIGNA	ANTECEDENT CAUSE ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION)  SIGNIFICANT CONIT (I) SIGNIFICANT CONIT (I) SIGNIFICANT CONIT (I) OF OPERATION  DENT WAS UNDER- OR CONTRIBUTING (Month) (Day) (Yea  OF OPERATION  DENT WAS UNDER- OR CONTRIBUTING (Month) (Day) (Yea  ATURE  CREMA* (24B, FATE Specify)  FED BY A PRESISTAN	caused death  JSES  IF ANY, GIVIN (1) STATING TH  LAST.  DITIONS CONT NOT RELATE ON CAUSING I'  19B. MAJOR  21B. PLA about home, f  about home, f  TY (Hour)  m.  ttended the	(B)	OPERATION  e. g., in or 2 bldg., etc.)  URRED  WHILE OCCUTTED  236, AD  METERY OR (C)	IC. WHERE DID JURY OCCUR? IF. HOW DID IN 1953 t 830 m., fr DRESS DHNS HOPKI	(If in B  IJURY OCC  TO 11  TO THE CAR  AD, LOCATI	ur?  4 , 19 ses and on	y, give ex	YES NO REACT location)  At I last saw the te stated above.
MEDICAL CERTIFI	OTHER TRIBUTIN TO THE T  19A. DATE  21A. ACCIL LYING CAUSE OF 21D. TIME INJURY  22. I here deceased of 23A. SIGNA ATE RECEIVE DOLL REGIS	ANTECEDENT CAUSE ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION)  SIGNIFICANT CONIT (I) SIGNIFICANT CONIT (I) SIGNIFICANT CONIT (I) OF OPERATION  DENT WAS UNDER- OR CONTRIBUTING (Month) (Day) (Yea  OF OPERATION  DENT WAS UNDER- OR CONTRIBUTING (Month) (Day) (Yea  ATURE  CREMA* (24B, FATE Specify)  FED BY A PRESISTAN	caused death JSES  IF ANY, GIVIN ISTATING TH LAST.  DITIONS CONT NOT RELATE NOT RELATE 19B. MAJOR  21B. PLA about home, f  TY (Hour) m.  ttended the 1952,	(B)	OPERATION  e. g., in or 2 bldg., etc.)  URRED  WHILE OCCUTTED  236, AD  METERY OR (C)	IC. WHERE DID JURY OCCUR?  IF. HOW DID IN  1953 t  830 m., fr  DRESS DHNS HOPKI CREMATORY 2	(If in B  IJURY OCC  TO 11  TO THE CAR  AD, LOCATI	ur?  4 , 19 ses and on	y, give ex	xact location)  At I last saw the te stated above.  C. DATE SIGNED (State)
MEDICAL CERTIFI	OTHER TRIBUTIN TO THE I 19A. DATE  21A. ACCILLYING CAUSE OF 21D. TIME INJURY  22. I here deceased of 23A. SIGNA	ANTECEDENT CAUSE ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION)  SIGNIFICANT CONIT (I) SIGNIFICANT CONIT (I) SIGNIFICANT CONIT (I) OF OPERATION  DENT WAS UNDER- OR CONTRIBUTING (Month) (Day) (Yea  OF OPERATION  DENT WAS UNDER- OR CONTRIBUTING (Month) (Day) (Yea  ATURE  CREMA* (24B, FATE Specify)  FED BY A PRESISTAN	caused death JSES  IF ANY, GIVIN ISTATING TH LAST.  DITIONS CONT NOT RELATE NOT RELATE 19B. MAJOR  21B. PLA about home, f  TY (Hour) m.  ttended the 1952,	(B)	OPERATION  e. g., in or 2 bldg., etc.)  URRED  WHILE OCCUTTED  236, AD  METERY OR (C)	IC. WHERE DID JURY OCCUR?  IF. HOW DID IN  1953 t  830 m., fr  DRESS DHNS HOPKI CREMATORY 2	(If in B  IJURY OCC  TO 11  TO THE CAR  AD, LOCATI	ur?  4 , 19 ses and on	y, give ex	xact location)  At I last saw the te stated above.  C. DATE SIGNED (State)

The State of the Country of the Country of the State of t THE REPORT OF THE PROPERTY OF THE PARTY. Vitality NEWS

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2	2 10213 IRTH NO.			EALTH DEPARTME OF DEATH	A. D	52 stered No	10213
1.	NAME OF DECEMBED	linaleth	Cole	man	2. DATE OF DEATH	11/8/	52
Α.	PLACE OF DEATH: Baltimore City, Maryland		114	A. STATE	NCE (Where deceased	INTY	ution: residence before admission)
H	FULL NAME OF (If not in hos) OSPITAL OR ISTITUTION	pital or institution, give	street address or location)	c, CITY OR OWN	(If outside corpo	ate limits, wri	te RURAL and give
c.	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	SS (If rural, give loca	ation)	0.0
F	emole White	WIDOWED, DIV	CORCES (Specify)	June 3,18		day) Months	Days Hours Min.
vorl	A. USUAL OCCUPATION (Give kind this peduring most of working life, even if retire	lof 108. KIND OF BU	ISINESS OR INDUSTRY	Still pen	ate or foreign country		CITIZEN OF WHAT COUNTRY?
)		clett.		14. MOTHER'S MAI	Dalten		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARM (If yes, giva war or d		CURITY NO.	17. INFORMANT	ter Coler	ADDRE	tillsevel
7	DISEASE OR CONDITION LEADING TO DE (This does not mean the mod- heart failure, asthenia, etc. It n injury or complication which	EATH e of dying, e.g., neans the disease, caused death.)  USES	CAUSE (A) · OU	noregia totali	t ann	v <b>e</b>	NTER LETWEEN DNSET AND DEATH
RTIFICATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION	, IF ANY, GIVING A) STATING THE DU LAST.	c) Car	emone	of liter	us.	3 mark
CERTIF	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITI	T NOT RELATED					
	19A. DATE OF OPERATION	198 MAJOR FINDI	lutie	Continu	ner of li	teis.	20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH					e City, give e	exact location)
-	TIME (Month) (Day) (Ye	ar) (Hour) 21E. IN. WHILE AT WORK	JURY OCCURR  NOT WHILE AT WORK		INJURY OCCUR?		
	22. I hereby certify that I			C 301940	to Ucr. 8		at I last saw the
	deceased after on 144	Uortune		238. ADDRESS 44	from the causes a		C 8 /5 2
2 TI	4A. BURIAL CREMA- 24B. DATION, REMOVAL (Specify)	10-52 St	LE OF CEMETE	Centy	Ltill F	and .	md.
DL	OCAL REGISTRAR	trator This	acus Miss	BR7		tell 8	nd, mol

1 4 5 0 8 0 1 0 0 0 4



2	1/16/14	HEALTH DEPARTMENT TE OF DEATH Register	52, 10214
	NAME OF DECEASED Que or Print) and Barth	2. DATE OF DEATH	1/7/52
	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. If institution: residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address location STITUTION		limit, write RURAL and giv township
1	2208 VEJ 127404 S/,	D. STREET ADDRESS (If gural, give location	
4	ength of stay in Baltimore Day	18   2208 VETTENSE	
V	SEX 6. COLOR OR RACE 7. STINGLE. MARRIED. WIDOWED, DIVORCED (B) WIDOWED, DIVORCED (B) WIDOWED	8. DATE OF BIRTH 9/AGE (In year last birthday)	Months Days Hours Min
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life typen if retired)  Our House	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME /	14. MOTHER'S MAIDEN NAME	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? J. no. or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS Wolf at
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Tologiore hosti Feart de	ONSET AND DEATH
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		·
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION	20. AUTOPSY?
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld		ty, give exact location)
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUPINJURY  MHILE AT NOT WHILE AT NOT WHILE AT WORK	LET	
	22. I hereby certify that I attended the deceased from	19 to 19, 19	9 that I last saw th
	23A, SIGNATURE	aurred atm., from the causes and o	n the date stated above
24 T10	A. BURIAL GREMA 24B. DATE 24C. NAME OF CEME NO. BEMOVAL (Specify) 11/10/52 Holy Re	TERY OR CREMATORY 24D. LOCATION (City, to	own, or county) (State)
	THE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR WM Cook Inc. 1217 St.	Paul J.

455 52 10215

# BALTIMORE CITY HEALTH DEPARTMENT

Registered 20 10215

		CERTIFICAT	E OF DEATH	Registered No	
	RTH NO.				
1. (T:	NAME OF DECEASED Chas.	w. Killn	1011	2. DATE OF DEATH	152
	Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution : residence before admission)
HC	FULL NAME OF (If not in hospital or in pospital or	institution, give street address or location)		outside corporate limit.	
0	5715 Deym	our ave	Ba	8 to 10	township)
c.	Length of stay in Baltimore	Yrs. Mos. Days	8-4 - 0	rural, give location)	los
		SINGE, MARRIED,	8. DATE OF BIRTH		nder I Year   If Under 24 Hours
2	Male White "	MATTIE (Specify)	3/15/1865	last birthday) Mont	hs Days Hours Min.
10. work	done during most of working life, even if retired)	R KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY?
	unneulen.	Dukang	Joaks.	ma.	
13.	FATHER'S NAME	2100	14. MOTHER'S MAIDEN NA	AME A	
15.	WAS DECEASED EVER IN S. S. ARMED FOR	CEST 16. SOCIAL	17 INFORMANT	8 100/8	7
(Yes	no or unknown) (If yes, give war or dates of ser	SECURITY NO.	Georgia C. Kil	luna Secon	cour aux
	1B. 1/5 5 . 1	CAUSE	OF DEATH		INTERVAL BETWEEN
	Tokok		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRE LEADING TO DEATH	CTLY	eive Gastric Hem	1	
	(This does not mean the mode of dying	ng, e. g., (A)	INB GOSTAIC NAME	iorrhace	
	heart failure, asthonia, etc. It means the injury or complication which caused	e discase, d death.) DUE TO			
	injuly of complication which caused	death, Doe 10			
	ANTECEDENT CAUSES	A star	osolerotre Condis-1	La L. Duran	10.000
Z		(6)	osoweste Carais-A	aseviar Vispase	10 years:
0	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	Y, GIVING			
5	UNDERLYING CONDITION LAST.	ING THE DUE TO			
CERTIFICATION		(C)		***************************************	••••
E,					
E	OTHER SIGNIFICANT CONDITION	S CON-			
Ш	TRIBUTING TO THE DEATH, BUT NOT	RELATED			
U,	TO THE DISEASE OR CONDITION CAU				
L	19A. DATE OF OPERATION 19B. M	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
8					YES NO
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About	1B. PLACE OF INJURY (e. g., i ut home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (I etc.) INJURY OCCUR?	If in Baltimore City, giv	e exact location)
Σ	D. TIME (Month) (Day) (Year) (Hou	ir)   21E, INJURY OCCURR	ED 21F. HOW DID INJURY	/ OCCUR?	
	FINJURY (Monthly (Day) (Teat) (Month			0000	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I attende	ed the deceased from	1980 19 to	1952	that I last saw the
	deceased alive on Nov. 5 19	52, and that death occur	rred at 9:22 A.m. from ti	he causes and on the	date stated above
	23A. SIGNATURE		23B. ADDRESS //	0 01	23c. DATE SIGNED
	Loy M.	Same M. D.	2050 Hangon	Grd.	Nov. 8, 1952
	A. BURIAL, CREMA 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or	r county) (State)
110	Burial /11/10/2	52 Mt. C	livet 1	Balto	. Med.
DA	TE RECEIVED BY REGISTRAR'S SIG	GNATURE	25. FUNERAL DIRECTOR		ADDRESS
-	101 16 15 1952 11 4: :	ton Valliana M.	The Coat Sun	1217 St 18	elst.
_	Junima	the street of th	DOT TRE,	2/ 31.100	

1 4 5 9 6 0 1 0 0 0 0

Registered 52 10216 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL BESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limit, write REIOAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. O. STREET ADDRESS M rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARKIED. if Under I Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. IOA. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY wise House U.S. A. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH 60000 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT 19 that I last saw the 22. I hereby certify that I attended the deceased from\_ 19 and that death occurred at\_ deceased alive on\_ .m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL M. D. 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

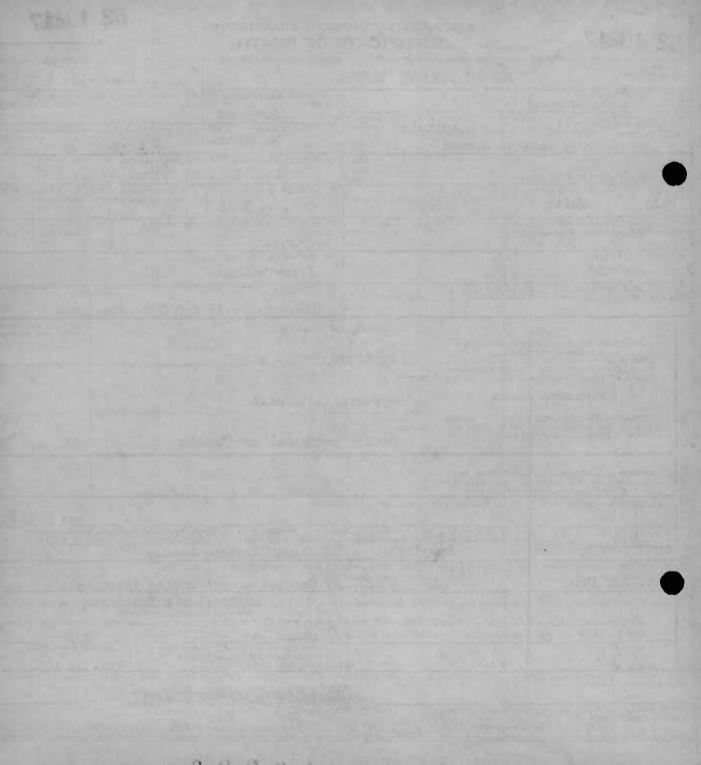
24c. NAME OF CEMETERY OR CREMATORY

25 FUNERAL DIRECTOR

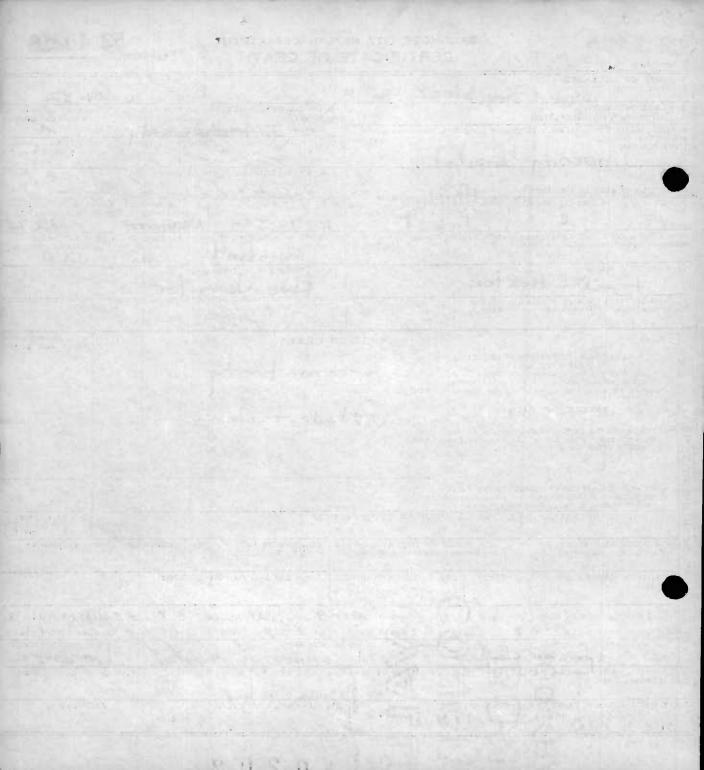
Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntinghor

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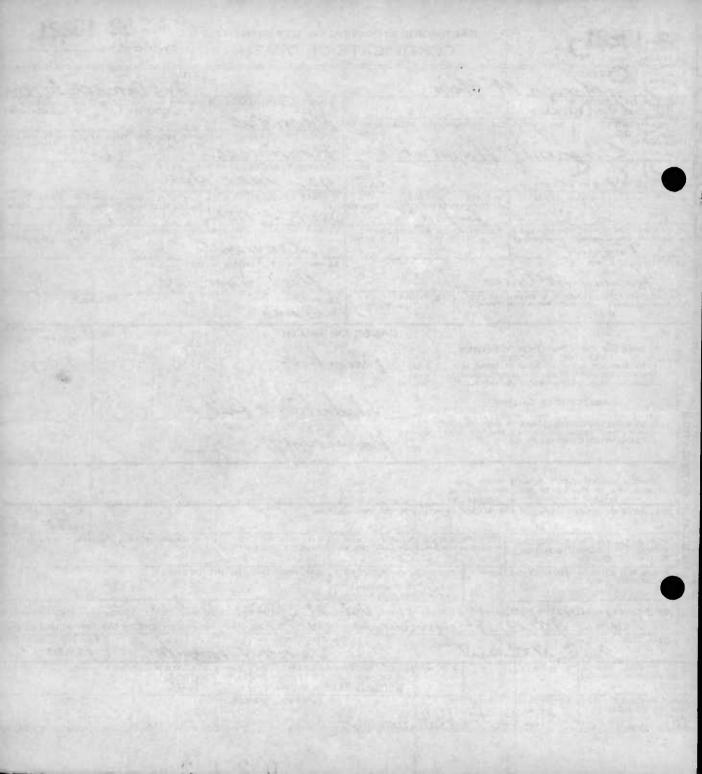
52 1U218 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Bry Stockston 10-29-52 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (Moutside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (di rural, give location) Mos. ength of stay in Baltimore Days 7. SINGLE MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours last birthday) Months Days Hours Min. WIDOWED: DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR mana U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME trank S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from p-29 1952 to 10 - 2 9 , 1952 that I last saw the deccased alive on 10-29, 1952 and that death occurred at 42 m., from the causes and on the date stated above. 23A. SIGNATURE 23c, DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS . REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 4675 MARIO ANDES VS 150



Lon	12-0		52 10219
5	2 10219 BALTIMORE CITY H	EALTH DEPARTMENT	OF TOSTA
В	1.1.2	E OF DEATH	Registered No. 62855/2
	NAME OF DECEASED To Anne Ball wer		2. DATE OF DEATH 10 28/52
	PLACE OF DEATH: Baltimore City, Maryland		re deceased lived. If institution : residence
В.	FULL NAME OF (If not in hospital or institution, give street address of		B. COUNTY before admission)
IN	OSPITAL OR location	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and give
_	Mairerally Hosp	Balto	41-30
	Yrs. Length of stay in Baltimore	1700 1 10001	al, give location)
	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH	AGE (In years If Under I Year If Under 24 Hours
	Female White WIDOWED, DIVORCED (Specify	9 9 2 9 5 2	last birthday) Months Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of the business or the busines	11. BIRTHPLACE (State or fore	gn country)   12. CITIZEN OF
	INDUSTR	M&.	WHAT COUNTRY
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E
- 15	Kaymond A Ballwey or	Jung /	Idams U
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT	ADDRESS
-		tather	As Abore
	18. 752 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	eningitis	24 hours
	heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)		3, (1,1,3,%)
			11 11 11
	ANTECEDENT CAUSES		I Krom Birth
Z	ANTECEDENT CAUSES	drocephalns	rom Birth
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		Hom BITTH
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	drocephalus nga-nyelocoel, r	uptured From Birth
LIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		uptured From Birth
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		mpt need From Birth
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	nga-nyelocoel, r	
U	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	nga-nyelocoel, r	mptnyed From Birth  20. AUTOPSY7 YES PT NO
U	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. 6.	RATION in or   21c. WHERE DID (If i	20. AUTOPSY?
EDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION in or   21c. WHERE DID (If i	20. AUTOPSY? YES NO
U	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg. CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURE	RATION  in or 21c. WHERE DID (If in the control of industry occur) (If including the control occur)	20. AUTOPSY7 YES NO  n Baltimore City, give exact location)
EDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	RATION  in or 21c. WHERE DID (If in the control of industry occur) (If industry occur) (If in the control occur) (If in th	20. AUTOPSY? YES NO n Baltimore City, give exact location)
EDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  21E. INJURY OCCURE WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from	RATION  in or 21c. WHERE DID (If in the control of	20. AUTOPSY? YES NO  n Baltimore City, give exact location)  OCCUR?
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EDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg. CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  21E. INJURY OCCURE WORK  22. I hereby certify that I attended the deceased from deceased alive on 10 2 kg 2.  23A. SIGNATURE	RATION  in or 21c. WHERE DID (If in industry)  RED 21f. HOW DID INJURY Comments of the industry of the industr	20. AUTOPSY? YES NO  n Baltimore City, give exact location)  OCCUR?
MEDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINGURY  The contribution of the deceased from the deceased alive on 1028 12 and that death occurring the contribution of the deceased alive on 1028 12 and that death occurring the contribution of th	RATION  in or 21c. WHERE DID (If in 10c.) INJURY OCCUR?  RED 21f. HOW DID INJURY CO.	DCCUR?    20. AUTOPSY?   YES   NO       NO   NO   NO   NO   NO   NO
MEDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE INJURY  22. I hereby certify that I attended the deceased from Caused alive on 1028152, 19 , and that death occure and the d	RATION  in or 21c. WHERE DID (If in induction) in or 10 (If in induction) in or 21f. How DID INJURY Color (If induction) in or 10 (If induction) in or	DCCUR?    20. AUTOPSY?   YES   NO       NO   NO   NO   NO   NO   NO
MEDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg. CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased from deceased alive on 10 2 kg. 19 , and that death occur  23A. SIGNATURE  4A. BURIAL, CREMA- ON, REMOVAL (Specify)  REGISTRAR'S SIGNATURE	RATION  in or 21c. WHERE DID (If in induction) in or 10 (If in induction) in or 21f. How DID INJURY Color (If induction) in or 10 (If induction) in or	20. AUTOPSY? YES NO  n Baltimore City, give exact location)  occur?  X 52, 19, that I last saw the causes and on the date stated above.    1029 52
MEDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg. CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  D. TIME (Month) (Day) (Year) (Hour)  22. I hereby certify that I attended the deceased from deceased alive on 10 2 kgs.  23A. SIGNATURE  4A. BURIAL, CREMA- ON, REMOVAL (Specify)  24B. DATE  24C. NAME OF CEMET	RATION  in or 21c. WHERE DID (If in in or in in or in in or in jury occur)  RED 21f. How DID INJURY of in in jury of in jury occur, from the in jury of in	20. AUTOPSY? YES NO  In Baltimore City, give exact location)  OCCUR?  20. AUTOPSY? YES NO  NO  NO  CALLED  ATION (City, town, or county)  ADDRESS  ADDRESS
MEDICAL C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg. CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased from deceased alive on 10 2 kg. 19 , and that death occur  23A. SIGNATURE  4A. BURIAL, CREMA- ON, REMOVAL (Specify)  REGISTRAR'S SIGNATURE	RATION  in or 21c. WHERE DID (If in industry occurs)  RED 21f. HOW DID INJURY of industry occurs  2452, 19, to 10, and the industry of crematory 24b. Local DIAL SCHOOL OC 31 10, and the industry occurs.	20. AUTOPSY? YES NO  n Baltimore City, give exact location)  occur?  X 52, 19, that I last saw the causes and on the date stated above.    1029 52

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2	10220 BALTIMORE CITY HEALTH	DEPARTMENT 59	10000
BI	CERTIFICATE OF		TASSA
	NAME OF DECEASED Baby Bay Stock	ton A DEATH 10/3	0/1952
	B. PLACE OF DEATH:  Baltimore City, Maryland  A. STAT	AL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	ryland Balti	more
	NOSPITAL OR NOSTITUTION (C. CITY LOSPITAL OR DOCATION)	OF TOWN (If outside corporate limits, v	write NORAL and give township)
	D. STRE	EET ADDRESS (If rural, give location)	10 10 1
	. Length of stay in Baltimore Days Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE	OF BIRTH 9. AGE (In years) (United States)	der 1 Year   II Under 24 Hours
V	male colored WIDOWED, DIVORCED (Specify) 10/2		hs Days Hours Min.
10 work	OA. USUAL OCCUPATION (Give kind of rk doneduring most of working life, even if retired)  10B. KIND OF JUSINESS OR INDUSTRY	THPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME 14. MOT	HER'S MIDEN NAME	u sn
	Frank Stockton 1	Pose Jemses	
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	ORMANT ADD	RESS
	11	nother .	same
	18. 762. 5 CAUSE OF DEA	ATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	wat it	
	neart failure, asthenia, etc. It means the disease.	matunt	
	injury or complication which caused death.) DUE TO		
2	ANTECEDENT CAUSES		
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************
[A]	UNDERLYING CONDITION LAST.		
F	_(C)		
R	OTHER SIGNIFICANT CONDITIONS CON-	. 1.0	0 /
밍	TO THE DISEASE OR CONDITION CAUSING IT.	esis, Dilateral	30 lus
ابا	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
DICAL	21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in or   21c.	WHERE DID (If in Baltimore City, give	e exact location)
MED		JRY OCCUR?	
	INJURY	HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from 10-29		
	deceased alive on 10-30-52, and that death occurred at 11		
	23A. SIGNATURE 23B. ADDR	i don't HAD	23c. DATE SIGNED
24	AA. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CR	EMATORY 240. LOGATION (City, town, or	county) (State)
TIC	INVERSITY MEDICAL	SCHOOL NOV 5 1952	
		IERAL DIRECTOR A	DDRESS
	NOV 9- 10E2 Turtington Milaurs M.P.	intimator Withaus MIP	
	VS 150	6	
	95200,3		

52 10221 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1 & 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) LTIMACE Yrs. D. STREET ADDRESS (If rural, give location) / Mos. ARK HVE. ngth of stay in Baltimore 2 Days 5. SEX 6. COLOR DR RACE | 7. SINGLE, MARRIED 9. AGE (in years) WIDOWED DIVORCED (Specify) last birthday) | Months: Days Hours | Min. to fant 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) IOB, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life/even if retired) INDUSTRY WHAT COUNTRY? Luturi 13. FATHER'S NAME Herman M 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yea, no or unknown) SECURITY NO. Wanne CAUSE OF DEATH INTERVAL BETWEEN 1.0 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 3 days. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e.g., in or 2 IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 1952, to Oct. 30, 1952, that I last saw the 22. I hereby certify that I attended the deceased from Oot. 30 deceased alive on Dat. 30, 1952 and that death occurred at/2 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATOR 240. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

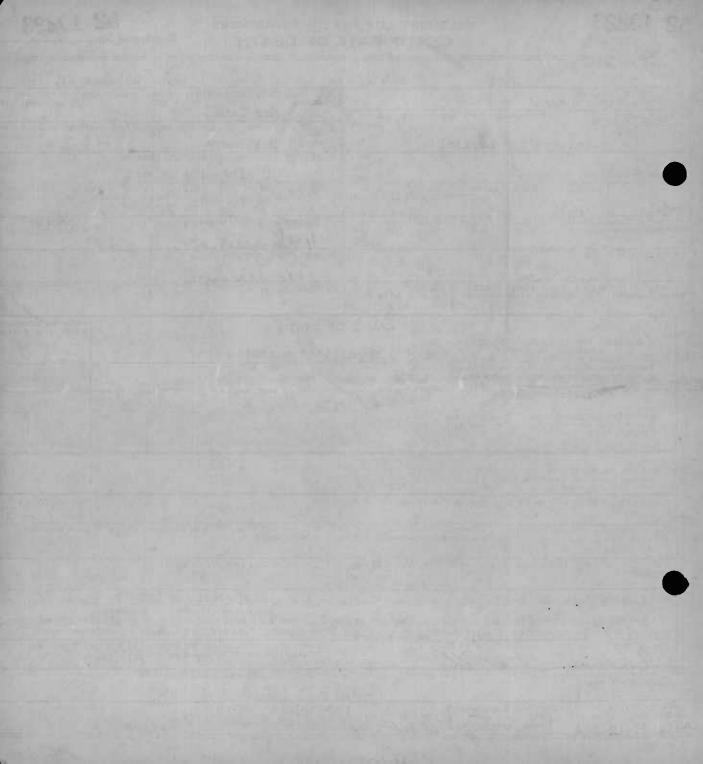


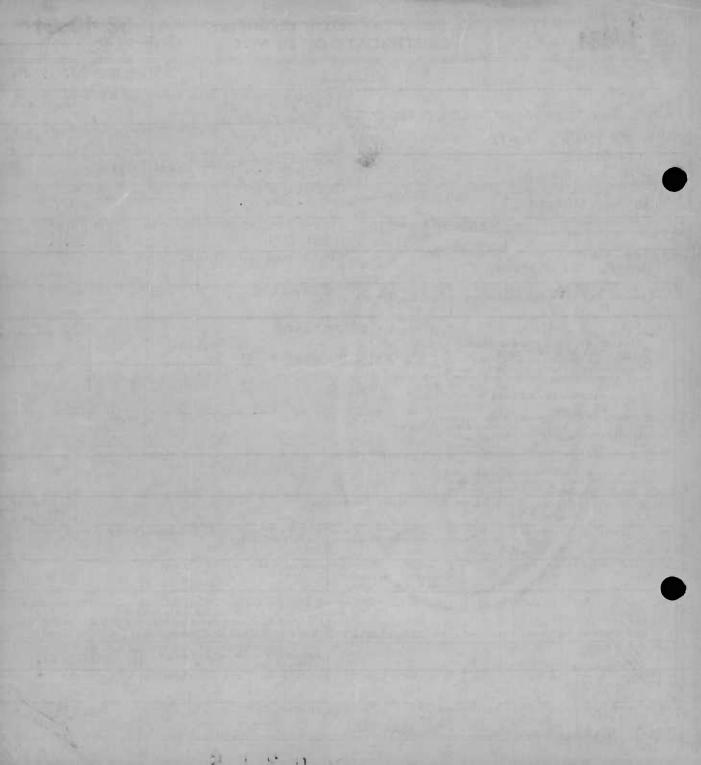
432		
52 10222 BALTIMORE CITY H	E OF DEATH Registered No.	10222
1. NAME OF DECEASED SARRH GOLIS	CHEIDER 2. DATE OF DEATH 11-	7-42
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in a. STATE B. COUNTY	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o		write RIIRAI, and give
INSTITUTION 3469 Woodbrook Cloc	Haltimore 13	~ O (twiship)
Yrs. Mos. Days	D. STREET ADDRESS (If rural give location)	Roe
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify  WIDOWED, DIVORCED (Specify		les I Year M Under 24 Hours has Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork doze during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harry Weristein  15, WAS DECEASED EVER IN II S ARMED FORCES? LIG SOCIAL	Kachae	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Morrin Toldseloider	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	entre heart factore entrederation and byputeurai usua lectoris at coraney reclusion	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.		YES NO exact location)
CAUSE OF DEATH  2 ID. TIME (Month) (Day) (Year) (Hour)  FINJURY  WHILE AT NOT WHILE		
m. WORK AT WORK  22. I hereby certify that I attended the deceased from 1		that I last saw the
deceased alive on 1/4/7, 1952 and that death occu	arred at II m., from the causes and on the	
234 SIGNATURE Haulen M.D.	914 N. Charles fr.	11 f S
244 / BURIAL, CREMA- TION, REMOVAL (Specify) 11-9-52 245 NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (Car) town or	county) Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE	45. FUNERAL DIRECTOR	Jan Pl
VS 150		

Miller St.

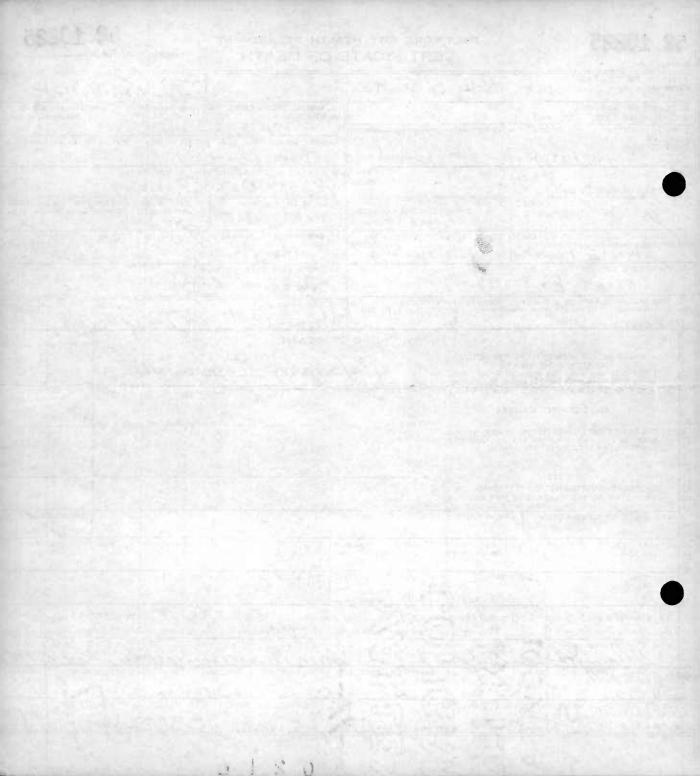
ALTIMORE	CITY	HEALTH	DEPARTMEN
CERTI	FICA	TE OF	DEATH

BIRT	TH NO.			CERTIFICATI	E OF DEATH	Registered .	
1. N	AME OF DE	CEASED				2. DATE	
			OHN	HALON	HANLON	DEATH Octo	ber 27, 1952
	altimore C	ity, Maryland			4. USUAL RESIDENCE	Where deceased lived, If B. COUNTY	institution : residence before admission
B. Ft	JLL NAME		al or institut	ion, give street address or	Maryland		201010111111111111111111111111111111111
	PITAL OR			location)	C. CITY OR TOWN (I	f outside corporate limit	ts, write RURAL and give
5.0		University	Hospit	al	Baltimor	e 3	- 0 2 township
				Yrs. Mos.	o. STREET ADDRESS (I		
		ay in Baltimore		Days	30 Albem	arle Street	
5. \$	EX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Me	ff Under   Year   If Under 24 Hours on the Days   Hours   Min.
	ale	White				70	
10A. work do	USUAL OCC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S N	AME			14. MOTHER'S MAIDEN A	IAME	
	11. 1	1			1. (		
15. \	NAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	- Are-	DDDESS /
(Yes, n	o or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	A	DDRESS
1	8.022	X .	SIL	CAUSE	OF DEATH	MELLINE.	INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY				ONSET ANO OEATH
		LEADING TO DEA'	TH	Syph:	ilitic aortitis		
	heart failur	e, asthenia, etc. It mea complication which	ns the diseas	e,	***************************************	***************************************	
				·) MARADO			
		ANTECEDENT CAUS	ES	Aneur	rysm of aorta		
NOIL	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	G (B)	** <b>**</b> ********************************	***************************************	•••••••
Ĕ	UNDERLY	ING CONDITION LA	ST.				
FICA				(C)			
	OTHER SI	GNIFICANT CONDI	TIONS CON				
RT	TRIBUTING	TO THE OEATH, BUT	NOT RELATE	0			
U 1		F OPERATION   I		FINDINGS OF OPER	ATION		20. AUTOPSY?
1		o. z.u.r.					YES NO X
ĂΙυ	NDERLYING	AL CAUSE WAS  OF CONTRIB- AUSE OF DEATH.		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City,	
ш		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21f. HOW DID INJUR	V OCCUP?	
	F INJURY	(201)	V	WHILE AT NOT WHILE	T PIP. HOW DID INSOR	1 OCCOR!	
1 2	2. I certif	y that I took char	m.	remains described a	bove, held an Inspect	ion & Inquir	y thereon and from
					nquiry, find that said d	Inspection or Inquiry	
	and dec	th in my opinion	resulted f	rom: natural causes	nquiry, pina that said a $oxedsymbol{\mathbb{Z}}$ , accident $\square$ , suicide	$\Box$ , homicide $\Box$ , u	indetermined $\square$ .
2	3A. SIGNAT		1	. /	238. CHIEF MEDICAL	EXAMINER 23	C. DATE SIGNED
	11/10	Vian 1/	Brox	M.	D. MEDICAL INVESTIGAT		ct. 28, 1952
24A.	BURIAL, C REMOVAL (S)	REMA- 24B. DATE	3	4c. NAME OF CEMETE		OCATION (City, town,	or county) (State)
.,,,,,				UNIVERSI	TY MEDICAL SCHOOL STOV	3: 1952	
DATI	E RECEIVED	BY REGISTRAR	SIGNATU	75/1	25. FUNERAL DIRECTOR	111	ADDRESS
MAI	AL REGISTA	17 Hunt	nator	Villiams Mit	? Tuntington	Villiams A	1.23
VS	151	d'a.	0	,		- Vinesani II	1
. 5	1)1	1	F	200		9 40 7 5 5	





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5	2 10225	BALTIMORE CITY HE	EALTH DEPARTMENT	52	10225
ВІ	RTH NO.	CERTIFICATI	E OF DEATH	Registered No	
	NAME OF DECEASED John	Nelson Gatton		2. DATE OF NOV. 8,	1952 .
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WE		ion ; residence before admission)
В. НО	FULL NAME OF (If not in hospital OR	al or institution, give street address or location)		utside corporate limits, write	RURAL and give
IN	Union Memori	ial Hospital	Towson -4	5356	township)
a	ngth of stay in Baltimor	Yrs. Mos. Days	8638 Oak	Road.	
5.	M 6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years if Under 1 Y last birthday) Months D	ays Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if repired)  Elevator Operator	MDUSTRY,	11. BIRTHPLACE (State or for	W	TIZEN OF HAT COUNTRY?
13	Joseph E. G.	otton.	Rebecca Cu	CTTY.	/-/
(Ye	. WAS DECEASED EVER IN U.S. ARMED b. no or unknown) (If yes, give war or detection In Known		17. INFORMANT MRS - CHARL	LOTIE CHATTE	ON CAK
	18.002 %	CAUSE	OF DEATH		TERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEAT		1 +1	1 1	
	(This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	ins the disease,	lmenary tupe	104/013	
	ANTECEDENT CAUS	SES			
O N	DISEASES OR CONDITIONS, I				***********************
RTIFICATION	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA				
LIFI	11	(C)			
ш	OTHER SIGNIFICANT CONDITERING TO THE DEATH, BUT	NOT RELATED			
U	19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION	2	O. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e. g., ii	n or   21c, WHERE DID (If	in Baltimore City, give ex	act location)
	HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,			
Σ	21D. TIME (Month) (Day) (Year)			OCCUR?	444
		m. WHILE AT NOT WHILE		C 4 C/	
	22. I hereby certify that I att	tended the deceased from No., 1952 and that death occur	V 7 , 1952, to 1	Vov 8, 1957 that	I last saw the
	deceased alive on NOV 8		23B. ADDRESS		DATE SIGNED
-	AL BURIAL, CANAL 248. DATE	M. D. 24C, NAME OF CEMETE	Union MEMORIS	CATION City, town, or cour	nty) (State)
TI	BURIAL, CATA- DN, DEMOVAL, Checify)	Ex Poids	Park B	204 Th	
		S SIGNATURE.	25 FUNERAL DIRECTOR	ADDE	REES
	NOV 9 - 1952 + tunti	noton Villiaus Mit	Kituck.	5305 Ha	word Rd
	VS 150	761	Ch		1
		1 4 5 9 6 40	NS0 2 1 6		THE STATE OF THE S



## BALTIMORE CITY HEALTH DEPARTMENT

52 10226

4	)(		Cau			CERTIFICAT	EC	E DEA	TH	Register	ed No.		
В	IRTH	NO.				CERTIFICAT	EC	I DEA	ın	2108-2001	CQ 1102		
1.	NAM	E OF DI	ECEASE	D						2. DATE			
G	ype or	Print)		N	INNIE	ANNETTA 1	LECH	ILIDER		DEATH NO	ov.	7 19	52
		E OF DI	City, M	aryland			A. S	TATE		here deceased live	d. If inst		sidence admission
В.	FULL	NAME OR	OF (	f not in hos	pital or institu	ation, give street address o			yland				
11	STITU	TION	12	S. Ca	rrollt	on Avenue	c. c	Bal	timore	outside corporate	limits, w	rite RURA	L and give township
						Yrs.	D. S	TREET ADD	RESS (If	rural, give location	1)		
c	ng	th of st	tay in 1	Baltimore		Mos. Davs	1	2 S.	Carro:	llton Ave	enue		
5.	SEX			OR OR RAC		E. MARRIED. WED, DIVORCED (Specify		ATE OF BIR		9. AGE (In year	s If Unde	er 1 Year   If U	Inder 24 Hours
f	ema	le	wh	ite	WIDO	wed, divorced (Specify dowed		h 01	1000	last birthday)	Months	s Days Ho	urs Min.
10	A. US	UAL OCC	CUPATI	ON (Givekin		D OF BUSINESS OR	_			preign country)			
vor	k done di	ring most o	f working I	ife, even if retir	red)	INDUSTR	Y				12.	. CITIZEN WHAT C	
13	at	hom	e				E	altimo	re, Ma	aryland			
13		HER'S N					14.	MOTHER'S	MAIDEN NA	AME			/
1.5				Norr				argare		Э			
(Ye	a, no or	nnknown)	(If yes,	give war or d	MED FORCES?	16. SOCIAL SECURITY NO.		INFORMANT			ADDF	- 4	kwy.
							ars	. Harr	y C. I	Rivers, 4:	110 1	North	ern
CERTIFICATION	he in	This does eart failur jury or iSEASES SE TO THE NOTERLY	IGNIFIC	ING TO DI an the mod hia, etc. It r tion which EDENT CA NDITIONS E CAUSE ( DNDITION	e of dying, e. neans the dises a caused deat USES	g., (A) 780	nel	ho for e	ar a	is to		INTERVAL ONSET AN	D DEATH
	-					R FINDINGS OF OPE	RATIO	N		THE STATE OF THE S		20. AUT	OPSY?
A												YES [	NO T
IEDICAL	LYII		CONT	S UNDER		ACE OF INJURY (e. g., c, farm, factory, street, office bldg.	in or ;	21c. WHERE	DID (I	f in Baltimore Ci	ity, give	exact loca	tion)
Σ	21D.	TIME (	Month)	(Day) (Ye	ar) (Hour)	21E. INJURY OCCUR	RED	21F. HOW D	ID INJURY	OCCUR?	7-5		
1	0	NJURY			m.	WHILE AT NOT WHILE WORK AT WORK							
	22.	I herebi	u certif	u that I	attended the	e deceased from		. 19	, to	, 1	9 #	hat I last	sam th
		ascd al				and that death occu	rred	11500	,	he causes and c			
		SIGNAT		1. An	1, /		23B. A	DDRESS DW.L.	mhin	and sto	2	3c. DATE	SIGNED
2	4A. BI	URIAL, C	REMA	24B. DATI		24C. NAME OF CEMET	-		Y   24D. LO	OCATION (City, t			
	ON, REI	moval (S	pecify)		10/52	Baltimore				timore.			, , , , , ,

Baltimore Ge REGISTRAR'S SIGNATURE DATE RECEIVED BY VS 150

Altimore, Maryland Ruck, 5305 Harford Road.

r. Tommasello 10 W. Lombard St.

10-15

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION

Registered No 10227

CERTIFICATE OF DEATH 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give IMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. IChard Days 6. COLOR OR RACE | 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (in years) last birthday) WIDOWED, DIVORGED (Specify) Months Days Hours Min. MARRIEN 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Metrotises & miny Beelle. (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY eno- Caremon YES 210 WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE ly 29 1952 to Nov.

19A. DATE OF OPERATION () 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) INJURY

LEADING TO DEATH

ANTECEDENT CAUSES

UNDERLYING CONDITION LAST.

ength of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

Tollee

cork done during most of working life, even if retired)

13. FATHER'S NAME

5. SEX

6, 19 2 that I last saw the 22. I hereby eertify that I attended the deceased from. , 19 2, and that death occurred at/05 deceased alive on Mr. 5 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-

TION, REMOVAL (Specify) 11-10-52 ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR untrustor MAY 9 - 105

VS 150

Dr. Tummenello 511 Med. arts

BALTIMORE CITY HEALTH DEPARTMENT Registered NA 0228 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) OF 7, 1952 ELISE S. DOROFF Nov. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 3436 Parklawn Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3436 Parklawn Avenue ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH It Under 1 Year 9. AGE (in years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Dec. 12,1872 white female widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tjarks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Mr. Carl Louis Doroff, 3436 Parklawn NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF ORERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL reme. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farming torx, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? 10. TIME (Month), (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW PID INJURY OCCUR?

INJURY CHEWELLE! WHILE AT 9-11 , 19 that I last saw the 22. I hereby certify that I attended the deceased from. 1954 and that death occurred at 62 m., from the eauses and on the date stated above. deceased alive on // -23C. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B, DATE

Burial 11/10/52 Oak Lawn Cem. Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR ADDRESS
NOV 9 = 107) Huntington Williams M. Leonard J. Ruck, 5305 Harford Road

VS 150

eds S. East ave. r. Schimunek

Model and Arthur Letter 1.

BALTIMORE CITY HEALTH DEPARTMENT 52 10229 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MARGARET THUMAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 109 E. WEST ST. BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 109 E. WEST ST. Days 6. COLOR OR RACE 9. AGE (In years 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. MARCH 20-1891 IOA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSE WIFE OWN HOME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JACOB SCHIBLING BARBARA FRIEDMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. NO

NONE

DUE TO

(C) ..

MARY M. THUMAN

(If in Baltimore City, give exact location)

INTERVAL BETWEEN

20. AUTOPSY?

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)

REGISTRAR'S SIGNATURE

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

AT WORK

22. I hereby certify that I/attended the deceased from\_

24c. NAME OF CEMETERY OR GREMATOR

HOLY CROSS CEM.

19 3 and that death occurred at As on. from the carses and on the date stated above. 23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

Harle Jue. 115 E. WZ

23c. DATE SIGNED

6.19 that I last saw the

LOCAL REGISTRAR

EDICAL

VS 150

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE.

(Specify)

HOMICIDE

INJURY

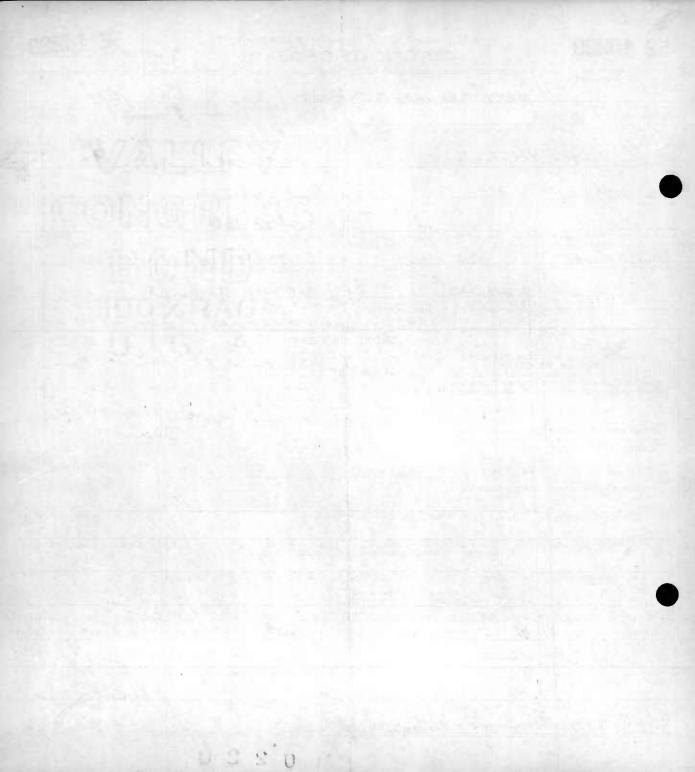
deceased alive on 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify

DATE RECEIVED BY

21F. HOW DID INJURY OCCUR?

25. FUNERAL DIRECTOR



5. SEX

### SPATKAWSKMS BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egist	52 tered	No.	10	23	30
E	//	6	/	6	2

ATE OF ATH	161	52	
ceased lived,		ion : residenc before admis	
corporate lin	nits, write	RURAL and	giv

Il Under 1 Year

12. CITIZEN OF

WHAT SOUNTR

NTERVAL BETWEEN

de

last birthday) Months Days Hours Min.

9. AGE (In years)

(If rural, give location)

D. STREET ADDRESS

8. DATE OF BIRTH

A. STATE

Yrs. Mos. Days

30 Mears OWED, DIVORCED (Specify)

(If not in hospital or institution, give street address or location)

7. SIM

UPATION (Give kind of OB, KINO OF PUSINESS OR INDUSTRY

DUE TO

DUE TO

SECURITY NO.

Anna Burkey Warmen 14. MOTHER'S MAIDEN NAME

17. BIRTHPLACE (State or foreign country)

ONSET AND DEATH

20. AUTOPSY

(If in Baltimore City, give exact location)

1952 that I last saw the deceased alive on 1955, 1952, and that death occurred at b. m., from the causes and on the date stated above.

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

004.

15. WAS DECEASED EVER IN U.S. (Yes, no or unknown) (If yes, give war

(Yes, no or unknown)

ngth of stay in Baltimore

6. COLOR OR RACE

DISEASE OR CONDITION DIRECTLY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED

198, MAJOR FINDINGS OF OPERATION

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)

Hown 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour)

WORK

22. I hereby certify that I attended the deceased from Court 7-3, 1957 to

Миниси 24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

FUNERAL DIRECTOR

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

1/821.0

23A. SIGNATURE 24A. BURIAL, CREMA-LOV, REMOVAL (Specify)

CAUSE OF DEATH

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATUR

EDICAL

NOT WHILE

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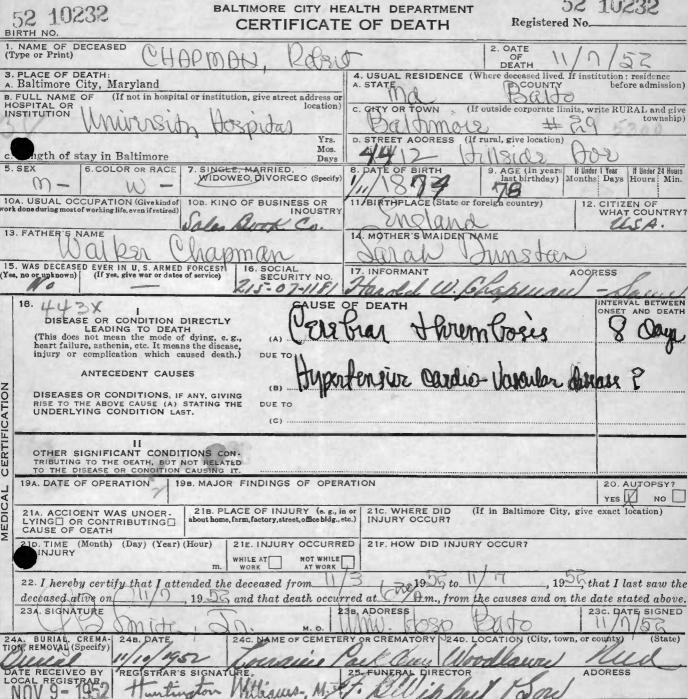
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10231

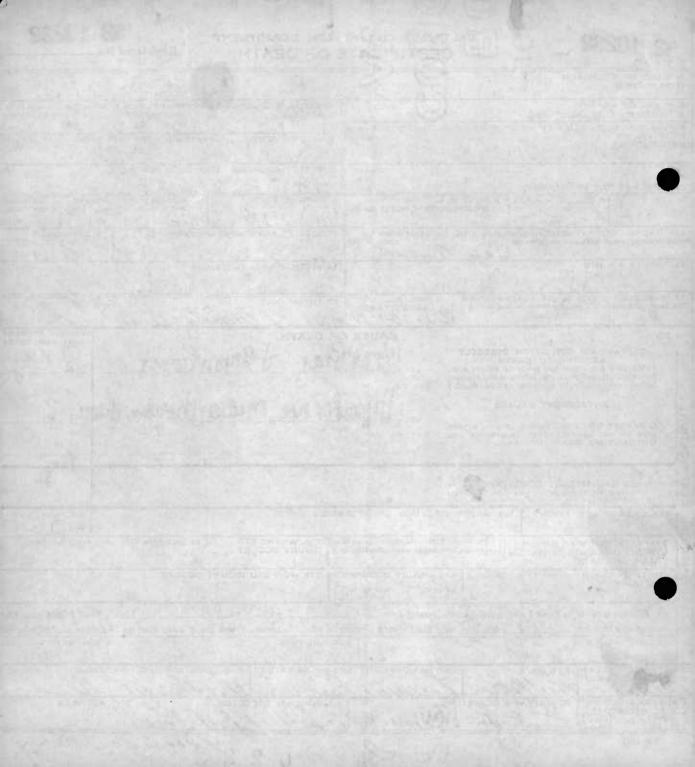
Registered No.\_\_\_\_

1. (T	NAME OF DECE		el Pasc	0		2. DATE OF DEATH	Nov.7, 1952
B. Ho	PLACE OF DEAT Baltimore City, FULL NAME OF OSPITAL OR ISTITUTION	Maryland		ion, give street address or location)			
6	ngth of stav			Yrs. Mos.	D. STREET ADDRE	ss (If rural, give location Street	on)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Male White Widowed  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR				8. DATE OF BIRTH Sept. 29,1	9. AGE (In ye last birthda	Months Days Hours Min.
worl	Laborer	king life, even if retired)	TOB. KINL	O OF BUSINESS OR INDUSTRY	Austri	.a	12. CITIZEN OF WHAT COUNTRY
		Not Known			Not Kr		
15 (Yes	. WAS DECEASED EV., no or unknown) (I	ER IN U.S. ARMEI f yes, give wer or date	FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Louis Pasco	, 1503 ,Shadys:	ADDRESS ide Road
CERTIFICATION	heart failure, as injury or com  ANT  DISEASES OR RISE TO THE A UNDERLYING	mean the mode of sthenia, etc. It mean the sthenia, etc. It mean plication which of ECEDENT CAUSE (CONDITIONS, II BOVE CAUSE (A) CONDITION LA	ns the diseas- aused death SES F ANY, GIVIN STATING TH ST.	(B)		hyporla	
		THE DEATH, BUT SE OR CONDITION 1	CAUSING I		ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT LYING OR CO CAUSE OF DEA  21D. TIME (Mon INJURY)  22. I hereby ce	NTRIBUTING☐ TH th) (Day) (Year)	(Hour)	ACE OF INJURY (e.g., in arm, factory, street, office bldg., e.g., in a street, office bldg., in a street,	to.) INJURY OCCU	INJURY OCCUR?	City, give exact location)  1952, that I last saw the
	deceased alive		, 1952,	and that death occur	red at 72° Pm.,	from the causes and	on the date stated above.
2.4 TIC	A. BURIAL CREM ON REMOVAL (Specif Burial	A- 24B. DATE y) 11-10-1		New Cathedra		24b. LOCATION (City, Baltimore,	
	ATE RECEIVED BY		S SIGNATU	IRE	25. FUNERAL DIRI	ECTOR	ADDRESS Chester St. 5

52 10232 BIRTH NO.
1. NAME OF DECEASE (Type or Print)
3. PLACE OF DEATH:



VS 150



	JE	-	10233
gistere	d No		
	M. 35		

If Under 24 Hours

Hours: Min.

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF

u.S.

	보기 교통하다 마음 하는 이 이 하고 있다. 아이지 않는 때에서 이 이 등에 시간을 입니다고 있다.	
Cole	2. DATE OF November 6, 19	152
heran Hospital r institution, give street address or	Manyana Daltimore Gity	ission)
spile Iocation)	C. CITY OR TOWN (If outside corporate limits, write RURAL ar	nd give
. Raltimore Md.	baltimore, maryuna 19-1	nship)
Yrs.		

OSPITAL OR Lytheran Hospital Tocal NSTITUTION Lytheran Hospital 130 Ash burton (tr. Baltimore M	ation)	Baltimore, Maryland	3
ngth of stay in Baltimore	Yrs.	213 South Gilmore Str.	
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S)		8. DATE OF BIRTH 9. AGE (In years     Under 1 Year last birthday)   Months; Days	3

SINGUE DE LE CONTROL DE LE CON male

IOA. USUAL OCCUPATION (Givekindof 108. KIND OF BUSINESS OR

during most of working life, even if retired)

R'S NAME

MO

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

INDUSTRY

WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL

DUE TO

DUE TO

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or

21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.)

SECURITY NO.

CAUSE OF DEATH

21c. WHERE DID

INJURY OCCUR?

hemophilia

State or foreign country)

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Novem 1952 to No vember 0, 1952 that I last saw the deceased alive on November 1952 and that death occurred at from the eauses and on the date stated above. Sal MAN 23C. DATE SIGNED

VS 150

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EDICAL

DATE RECEIVED BY LOCAL REGISTRAR

19A. DATE OF OPERATION /

(Specify) 21p. TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT, SUICIDE,

HOMICIDE

FINJURY

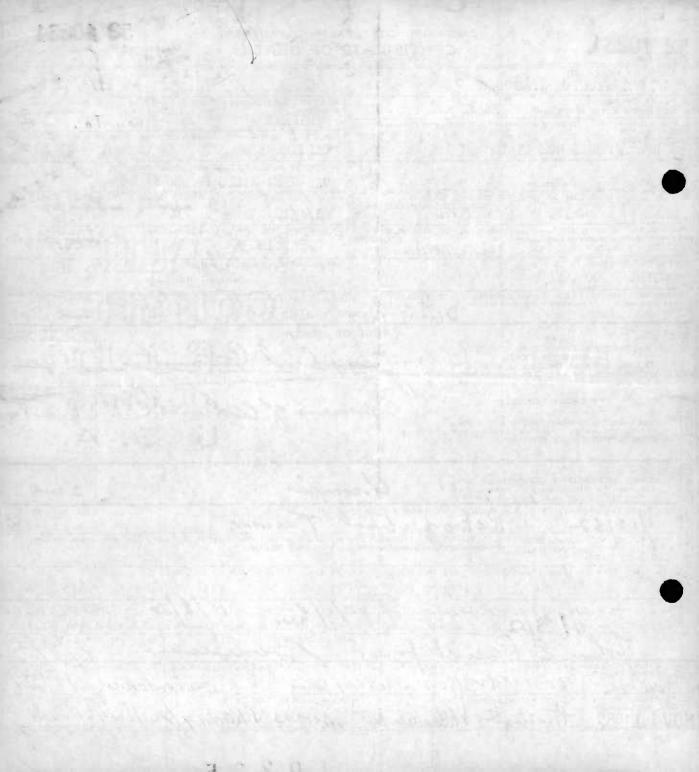
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THE REPARE ASSESSED THE EXCENDED AND Dec bush 13th HIVE G YO STRAINER USIN Gene Lines The State of the S The state of the s

	52	10234
Registe	ered No.	

52 10234 BIRTH NO.	BA	CERTIFICATI	E OF DEATH	Registered	1 No	
1. NAME OF DECEASE (Type or Print) WILL]	AM A. EMMART			2. DATE OF DEATH	11/8/52	
3. PLACE OF DEATH: A. Baltimore City, M B. FULL NAME OF	aryland BALTI		4. USUAL RESIDENCE (VA. STATE MARYLAND	Where deceased lived.  B. COUNTY	If institution: residence before admission)	
HOSPITAL OR INSTITUTION BON SECOURS		location)	BALTIMORE (II		mits, write RURAL and give township)	
ngth of stay in		Yrs. Mos. Days	o. STREET ADDRESS (IF	rural, give location) PARKWAY		
MALE WH	IITE MARK	E. MARRIED, VED DIVORCED (Specify)	8. DATE OF BIRTH 1/4/18	9. AGE (In years last birthday)	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  B & RAILRUAD  SecretariaL			11. BIRTHPLACE (State or foreign country)  BALTIMORE  12. CITIZEN OF WHOSE ACCOUNTRY?			
13. FATHER'S NAME WILLIAM EMMART			14. MOTHER'S MAIDEN NAME GRACE WINKLE			
15. WAS DECEASED EVER Yes, no or unknown) (If yes.	IN U.S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO. 212-09-1254	17. INFORMANT WIFE	Livesia	ADDRESS SAME	
(This does not mee heart failure, asthei injury or complice ANTECE DISEASES OR CORISE TO THE ABOV UNDERLYING COUNTERLYING COUNTER SIGNIFIC	NG TO DEATH in the mode of dying, e., in the mode of dying, e., inia, etc. It means the diseas tion which caused death EDENT CAUSES  NDITIONS, IF ANY, GIVIN E CAUSE (A) STATING TO NDITION LAST.  II ANT CONDITIONS CONDEATH, BUT NOT RELATE	(B) CALLE		emaston henil (3	CHI NESS CONTRACTOR	
	ATION 19B MAJOR  S UNDER. 21B. PLA about bome, ( (Day) (Year) (Hour)	FINDINGS OF OPER  COLUMN TO THE TENTING TH	TON TUNNER  TOT 21C. WHERE DID (1)  INJURY OCCUR?		20. AUTOPSY? YES NO   7, give exact location)	
22. I hereby certif deceased alive on 23A. SIGNATUR	y that I attended the	deceased from /Cand that death occur	red let 134 m., from to		the date stated above.	
24A. BURAL CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR	24B. DATE  No V. //-/952  REGISTRAR'S SIGNAT	New Cothedra	1	OLD Freder	11/13/44/10	

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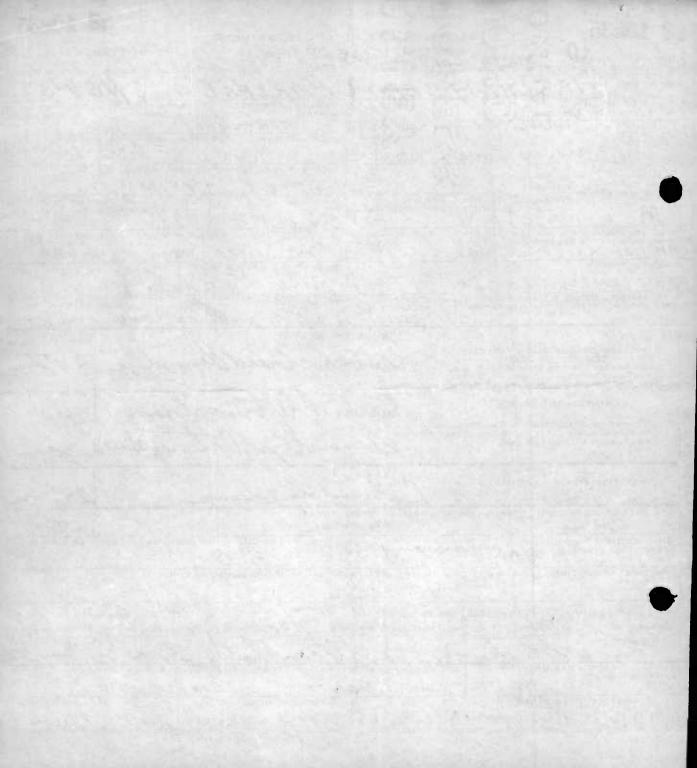


E	52 10	235		BALTIMO	RE CITY HE	ALTH DEPART	MENT		JE	10235
		AVA.	FAMILE	CER				Registered	No	
****	NAME OF	A.K.A.	EDWAR	CHAR	Siff COL	SOF DEAT	= 12	Lo Bate		
	Type or Prin		SCHI	VITZ	ER C	HAXL	ESF	OF DEATH	NO	11.52
	PLACE OF	DEATH: City, Maryl	and		7	4. USUAL RESID	ENCE (W	here deccased lived.	lf institu	tion: residence
В.	FULL NAM	E OF (If not		institution, giv	e street address or	A. STATE MAR	YLHN	B. COUNTY		before admission
11	OSPITAL O	R			location)	C. CITY OR TOWN		outside corporate lin	its, write	RURAL and giv
1	26	1-KANKE	-11V SC	DARE	HOSPITAL	BALTI			-0	township
					Yrs. Mos.	D. STREET ADDRI	_	and the second second		
0 15	ngth of	f stay in Balti		SINGLE, MAR	Days			OFFMAN		
	M	5.002011 6			VORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months D	Year   If Under 24 Hours Days   Hours   Min.
10	DA. USUAL O	OCCUPATION (C	Sivekinder 10s	KIND OF B	HEINESS OF	11. BIRTHPLACE (S		18		
OI.	k done during me	ost of working life, eve	n if retired)		INDUSTRY	D1.				HAT COUNTRY
	3. FATHER'S	J MAKEL	1 /	OKNITO	)KE	198 LTIM		MD	10.	S.A.
C	ARI	WIRSCI	+ 111	I. I. D						
15	. WAS DECE	ASED EVER IN U.	S. ARMED FOR	CES?   16. S	OCIAL		ret	HAAR		
Ye	no or unknow	(If yes, give t	war or dates of ser	vice) S	ECURITY NO.	17. INFORMANT		- m = 1 = 2 13 1	ADDRES	
	18. 33	0.8		610	- 4		WITES	CHNIT 221		TERVAL BETWEEN
		ASE OR CONE	OITION DIDE	CTLV	CAUSE	OF DEATH	- 11	/	ON	SET AND DEATH
		LEADING Toes not mean the	O DEATH		Sul	recensi	el K	emorshau	0	24ths
	heart fa	ilure, asthenia, et or complication	c. It means the	e disease.	UE TO					
				death.)	0	110-	_	1		
7		ANTECEDEN			. Cerel	ral Uso	risid	cleronio	6	wo
2	DISEAS	ES OR CONDIT	TONS, IF ANY	GIVING	UE TO OA	1.	10-	1-0		
Y.	UNDER	LYING CONDI	TION LAST.		10 Ples	eralines	Un	lesinder	125	us
ב ב					10, 10					
-	OTHER	SIGNIFICANT	CONDITION	IS CON-	00		1			
Ĺ	TRIBUTI	NG TO THE DEAT	TH, BUT NOT I	RELATED	Pulme	mary es	lemo		3	14 kg
,		OF OPERATIO		AJOR FIND	INGS OF OPER	ATION			2	O. AUTOPSY?
4		nane	7		20					ES NO
5	21A. ACC LYING□	OR CONTRIBU	NDER- 21	B. PLACE OF	INJURY (e. g., in	or 21c. WHERE D	ID (If	in Baltimore City	give exa	act location)
N I	CAUSE O	F DEATH	NO		40	1	40			
	OF INJUR	(Month) (Day	) (Year) (Hou		JURY OCCURRE	D 21F, HOW DID	INJURY	OCCUR?		
		•		m. WHILE AT	NOT WHILE					
	22. I her	eby certify the	at I attende	d the deceas	sed from	non , 195.		Bon, 19	Shat	I last saw the
	deceased	alive on 6	non 19.	52 and th	at death occur	red at 3/0 /200	from th	e causes and on	the date	e stated above
	23A. SIGN	TURE	W 2	12 2	MX E	ADDRESS 60	1. de	11.	23c.	DATE SIGNED
24	AA. BURIAL.	CREMA- 24B	DATE	246 NA	ME OF CENTETE	Y OR CREMATORY	240 10	CATION City, tow	n or com	nty) (State)
I	ON, REMOVAL	(Specify)			4				M D	(State)
_	ATE RECEIV		J. 10-14		AK LAW	25. FUNERAL DIR.		GATE,	ADDR	RESS 2004
-	CAL PEGL	STOAD I	men A from	- 1/1/110	4 5 0000					2001

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Huntington Vitalus, My VILRICH FUNERAL HOME

ORLEONS W



52 10236 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) EMILIE HELLDORFER DEATH NOV. 7. 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2023 E. 32nd St. B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2023 E. 32nd St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year AGE (In years) if Under I feat | If Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Female Dec. 29, 1875 White Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Baltz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No. Louis Helldorfer 1627 Chilton St. INTERVAL BETWEEN 18. 33/X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral hemorrhan lly he (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., In or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK , 1946 to 7 Nov. , 1957, that I last saw the 1 3044 . 22. I hereby certify that I attended the deceased from. \_\_\_\_\_, and that death occurred at \_\_\_\_\_\_ m., from the causes and on the date stated above. deceased alive on Zolow. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS

1 QUIDE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B, DATE

Baltimore

THE ALLASON 1481

LOCAL REGISTR

DATE RECEIVED BY

Buriel

Ullrich Funeral Home 2008 Orleans St.

Baltimore, Md.

ADDRESS

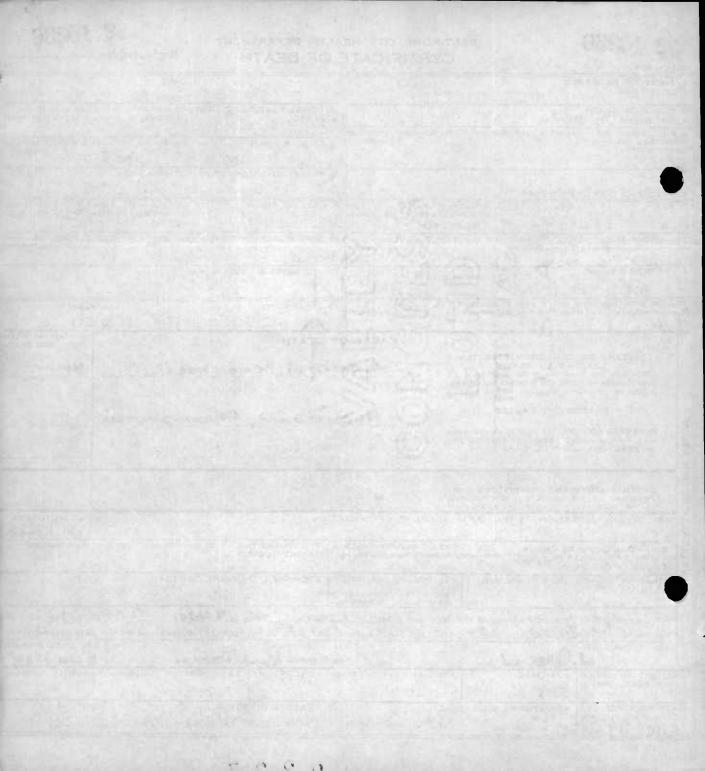
VS 150

Nov. 10, 1952

REGISTRAR'S SIGNATURE

un Terropour

25. FUNERAL DIRECTOR



500	59 4600m
52 10237 BALTIMORE CITY HE CERTIFICATION	E OF DEATH  E OF DEATH  Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE
MR. Trederick Buehne	DEATH //- 9-52
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence  B. COUNTY  before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION /	434N Kenwood AUE 6-0 township
Church Home + Haspital	D. STREET ADORESS (If rural, give location)
e ligth of stay in Baltimore LIFE Mos. Days	BALTIMOYE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min.
M MArried	7-27-67 (ast dirinday) months Days Rours Mill.
10A. USUAL OCCUPATION (Give kind of of OB. KIND OF BUSINESS OR vork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
letred	MaryLand
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederich Kushne	MINNIE STALL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Two	WIFE 434 N KENWOOD.
18. / 50 X CAUSE	LAUTEONAL DETWEE
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	icture of cooplages towers
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	rendum.
( 10 1 4	anound total
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
0	
F III	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	cleratic HEART distas
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
¥	YES NO
21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE AT WORK AT WORK	
	-5-50 10 5240 1/- 8-# 10 (2 that I last easy t
22. I hereby certify that I attended the deceased from deceased alive on //- 8 1952 and that death occur	rred at 5 Pm., from the causes and on the date stated abov
deceased alive on //- 8, 1952 and that death occur	238 APPRESS / / 23C. DATE SIGNEI
Took & Pollows M.D.	Church Homet Hom. 11-8-50
244. FURIAL, CREMA-L 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State
TION REMOVAL (Specify)	I Bull
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Allet To l Horn 2004 Celem
1101 10 1059 1 mingrow 1000 alles	www.
VS 150 1002	
95200	0 0 0 0

я	ANTECEDENT CAUSES		
ייייייייייייייייייייייייייייייייייייייי	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
רבת וור	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19A, DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPERATION	20. AUTOPS
5	21A. ACCIDENT WAS UNDER- 21B. PLAC	E OF INJURY (e. g., in or 21c. WHERE DID	(If in Baltimore City, give exact location)

21E. INJURY OCCURRED

WHILE AT

US PHS Hospital, Balto, Md. J.A. Hunter, Director M. O. 24A. BURIAL, CREMA-TION, REMOVAL (Specify BURIAL DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

Nov.

deceased alive on Nov. 6, 19 52 and that death occurred at 11: 10 Pm., from the causes and on the date stated above,

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

1952 to Nov. 6 . 19 52 that I last saw the

23c. DATE SIGNED

VS 150 BUNG.

CAUSE OF DEATH

23A. SIGNATURE

INJURY

ID. TIME (Month) (Day) (Year) (Hour)

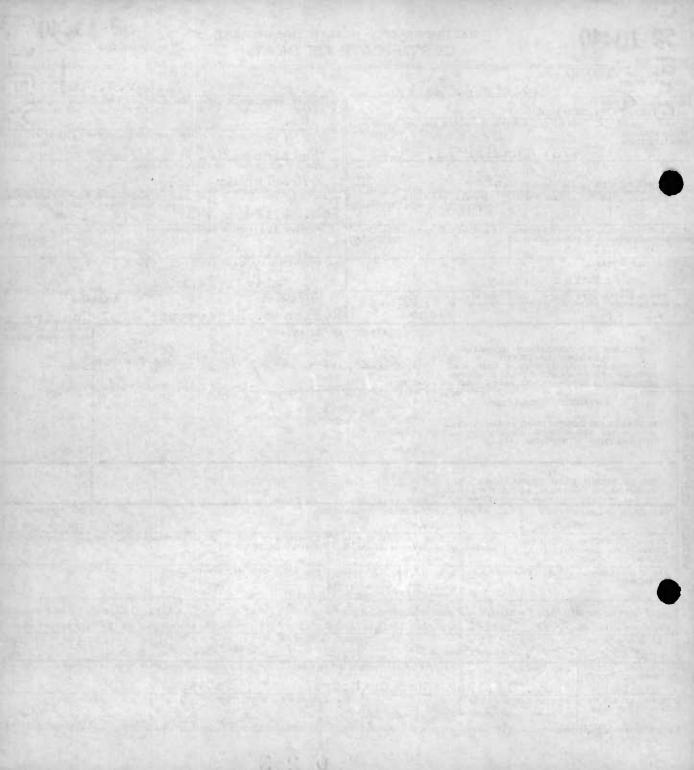
22. I hereby certify that I attended the deceased from\_

· San Live Company of the Street Company of the Land M. Carlotte, A. Alberta VI 2/63 2 2 2 0

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52	10239
BIRTH	NO.
1. NAM (Type of	e OF DECEA

		ALTH DEPARTMENT	Registered No	10239
BIRTH NO.	ERTIFICATE	E OF DEATH	Registered No	,
1. NAME OF DECEASED (Type or Print) MR JAMES P. Thom	D.SON		2. DATE OF DEATH //-	8-5-2
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	here deceased lived. If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR INSTITUTION,	location)	c. CITY OR TOWN (If o	outside corporate limits,	write RURAL and give township)
Church HomE + Hospita	_	BALTIMORE	2-0	S township,
ngth of stay in Baltimore 32	Yrs Mos. Days	THE ANCHOTAGE		
6. COLOR OR RACE 7. SINGLE, N WIDOWEL SING	D. DIVORCED (Specify)	8. DATE OF BIRTH  10-27-79	9. AGE (In years III last birthday) Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  SEAMAN  Shinal	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	7	14. MOTHER'S MAIDEN NA	ME	010111
YA4L Thompson		MARY NICH	olson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
yes I WNI		NV. THANK MITCH	ELL THE	ANCHORASE
18. 420.0	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,	Kulmon	Ary Edoma		10 hrs
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	8 f. b. J	•••••	
ANTECEDENT CAUSES				
	(B) Myoin	rdiaL INfA	rction	8 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST				- '
UNDERLYING CONDITION LAST.	(C) AY/8Y1	o Schorotic Her	arl Distast	: 20 years.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	m URE	-min		5 hs
TO THE DISEASE OR CONDITION CAUSING IT.	INDINGS OF OPER			20. AUTOPSY3 /
				YES NO NO
LYING OR CONTRIBUTING about home, farm	E OF INJURY (e. g., in a, factory, street, office bldg., e		I in Baltimore City, gi	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) 211 OF INJURY	E. INJURY OCCURRI	21F. HOW DID INJURY	OCCUR?	
WHI	ORK NOT WHILE			
22. I hereby certify that I attended the de	eceased from 11-	1- , 1952, to /1	-8 , 195	that I last saw the
deceased alive on 11-Y, 1952 an				
234 SIGNATURE C Pollins	м. р.	Church Home t	Hayutas	23c. DATE SIGNED
24A. BURIXL. CREMA- 24B. DATE 10N, REMOVAL (Specify)	CNAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town	or county) (State)
Bereal 101/11/52 1	St Umd	reus De	mars his	load
DATE RECEIVED BY REGISTRAR'S SIGNATURE	E	FUNERAL DIRECTOR		ADDRESS
NOV 1 0 1059 Tuntington Mi	haus ME	Tred II U	zazzwok	1
VS 150	155-	1980 Carter	Lake.	
9 5	19727	10230		

						P.1	
	52 19	2:40	BAL		ALTH DEPARTMENT	Registered N	10240
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	registered iv	V-
	NAME OF D					2. DATE	7050
	42-		lie J.	Kelly	4. USUAL RESIDENCE (	OF NOV. 6	
	Baltimore (	City, Maryland			A. STATE	B. COUNTY	before admission)
HC	FULL NAME OSPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits	, write RURAL and give township)
0	1	4707 Du	nkirk			29) 40 -	0 7
d	ngth of s	stay in Baltimore	Life	Yrs. Mos. Days	o. STREET ADDRESS (In 4707 Dunkir		
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years Mon	Under I Year If Under 24 Hours ths Days Hours Min.
	F	W	Wido	WED DIVORCED (Specify)	Feb.24,1865	87. 8	12
10 work	A. USUAL OC done during most Home D	CCUPATION (Give kind of of working life, even if retired)	IOB. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S				Baltimore 14. MOTHER'S MAIDEN N	NAME I	htq.
	P	atrick Conv	vav		Bridget	Menning	
15		ED EVER IN U. S. ARMEI		16. SOCIAL	17. INFORMANT		DRESS
(Yes	, no or unknown)	(II yes, give war or date	of service)	None	Hellen M. Hes	sensuer 470'	7 Dunkirk R
CERTIFICATION	(This does heart fails in jury or DISEASE RISE TO UNDERL'	SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II BIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	I'H I' dying, e.; I' dying, e.; Is the disease aused death SES F ANY, GIVIT STATING TI ST. TIONS COI NOT RELATI	(B)	coccy C	Pasluses	
	19A. DATE	OF OPERATION O 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
Y		Mone	1		n or   21C, WHERE DID	(If in Baltimore City, g	YES NO L
MEDICAL		R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	-	ive exact location)
-	21b. TIME INJURY	(Month) (Day) (Year)	(Hour)	WHILE AT WORK AT WORK		RY OCCUR?	
	22. I herel	by certify that I at	ended the		ee 10, 1950 to 2	col 6 , 195	Lihat I last saw th
	deceased a	live on West 5	1952	and that death occur	rred at 3 Pm., from	the causes and on th	e date stated above
-	23A. SIGNA		het		23B. ADDRESS	anskore	23C. DATE STONED
7	4A. BURIAL, ON REMOVAL (		10.10	24C. NAME OF CEMETE	(/	LOCATION (City, town, 1 timore	or county) (State)
-	Buria		10,195		25 FUNERAL DIRECTOR		ADDRESS _
	OCAL REGIS			ALM' ALL	1/2/10/	/ ///	11/2/11



52 10241 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE LOUETTA DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) GOLD p. STREET ADDRESS (If rural, give location) Yrs. ngth of stay in Baltimore Davs 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In year: It Under I Year last birthday) Months: Days Hours: Min. FEMALE COLORED NIDOW UNKNOWN 11 BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? DOMESTIC TREDERICK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown! (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. LEETT RERECCA INTERVAL BETWEE 422.1 CAUSE OF DEATH ONSET AND DEAT DISEASE OR CONDITION DIRECTLY CARDIO VASCULAR LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DISEASE injury or complication which caused death.) DUE TO BROKEN COMPENSATION 6 MOS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) IN

WORK

19A. DATE OF OPERATION

RID. TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

INJURY

EDICAL

ACE OF INJURY (e. g., in or larm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location)

21c. INJURY OCCUR?

20. AUTOPSY

22. I hereby certify that I attended the deceased from JUNE 15, 19 2, to 10 7, 19 2, that I last saw the deceased alive on NOV 6, 19 2, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA: 24B. DATE

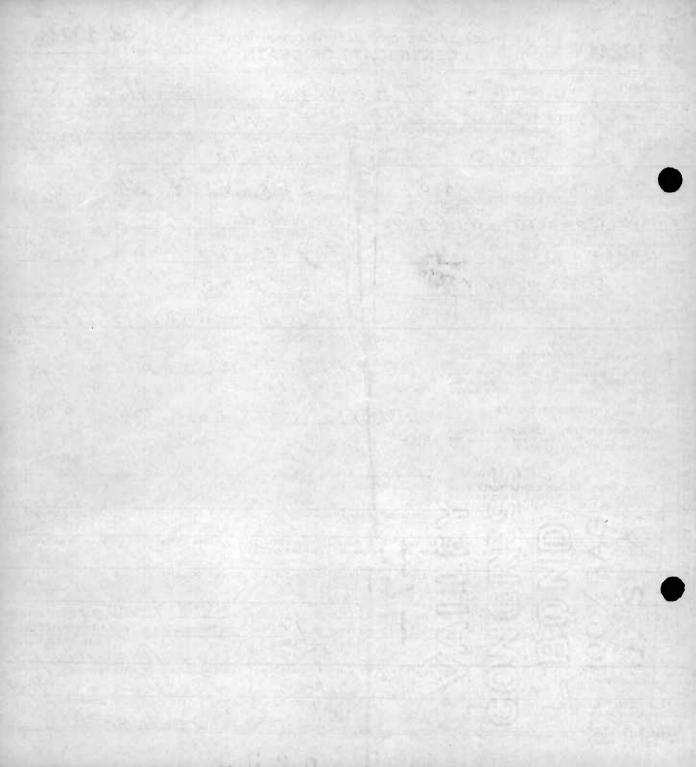
110N. REMOVAL (Specify)

24C. MAME OF GEMETERY OF CREMATORY 24D. LOCATION (City, town, or couply)

(State)

AT WORK

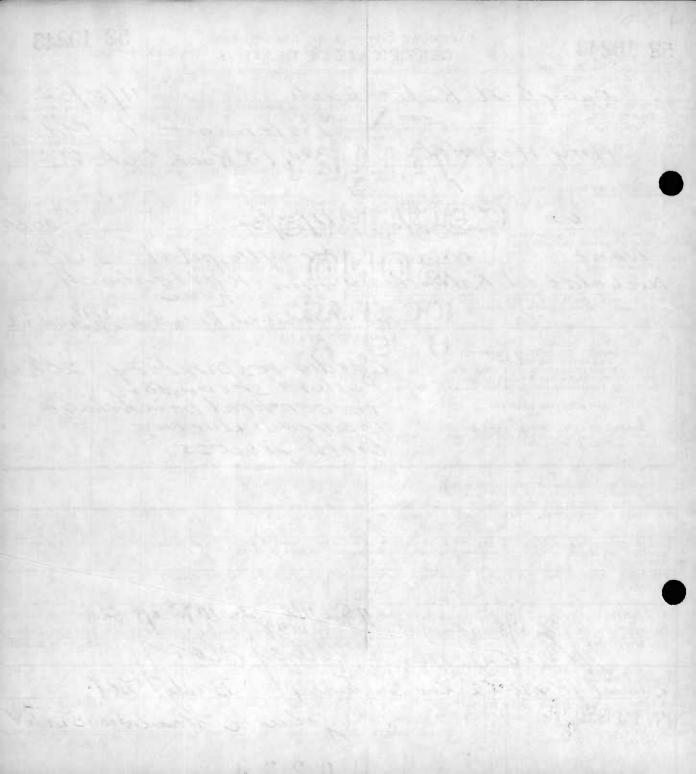
DATE RECEIVED BY DEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR DIRECTOR LUGARED 1463 Purany



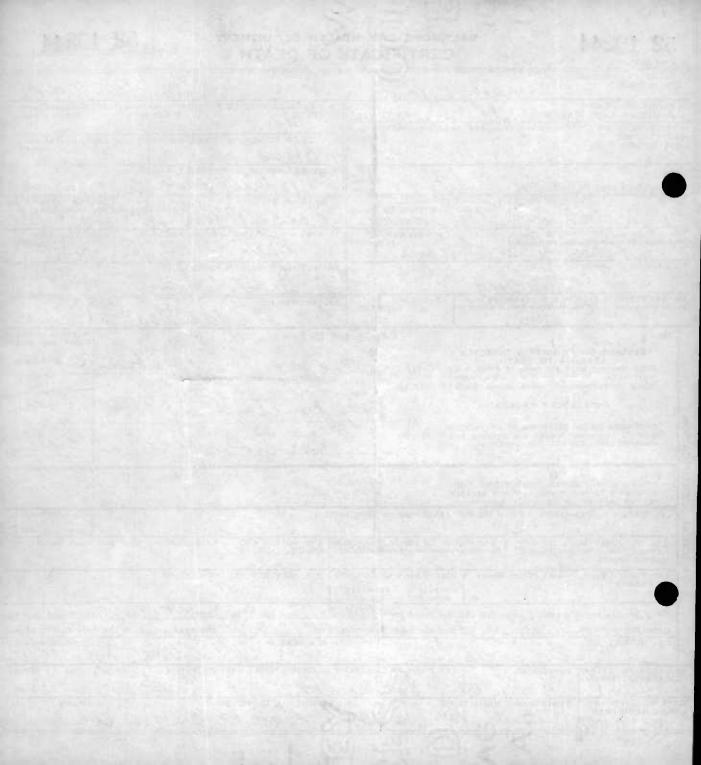
620						
52 10242			EALTH DEPARTMENT E OF DEATH	Registere	52 10	242
1. NAME OF DECEASED (Type or Print) Peter	Goreck	i (Or) Piotr	Gorecki	2. DATE OF DEATH	vember 7	, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospi	Baltim	ore, Md.	4. USUAL RESIDENCE (\) A. STATE Maryland			residence ore admission)
HOSPITAL OR INSTITUTION	cal or medicut.	location)		outside corporate li	mits, write RU	
St. Joseph	s Hespi		Baltimore	2-	01	township)
Anoth of store in Daltimore	117	Yrs. Mos.	D. STREET ADDRESS (If			
ength of stay in Baltimore		TS. Days	8. DATE OF BIRTH	To see u-	it Under I Year	If Under 24 Hours
Male White	Widow	PED, DIVORCED (Specify)	June 29,1878	19st birthday)	Months Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ	EN OF
JANTIL	IMFR	-ENOVEC	Poland			
Walerjan Gorecki			14. MOTHER'S MAIDEN N	AME		
15. WAS DECEASED EVER IN U. S. ARME	D. CODOLOG		Maryanna ??			
(Yes, no or unknown) (If yes, give war or date	on of service)	16. SOCIAL SECURITY NO. 216-07-9750	17. INFORMANT Genevieve Bridic	kas 2023 E.	ADDRESS Pratt St	reet
heart failure, asthenia, etc. It mes injury or complication which ANTECEDENT CAUSE OF THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT	caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	G DUE TO  (C)	n Prostate Hyper	plasis		
19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20.7	UTOPSY?
SAL					YES [	No 🗌
U 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  CAUSE OF DEATH	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID () etc.) INJURY OCCUR?	If in Baltimore City	y, give exact l	ocation)
21D. TIME (Month) (Day) (Year OF INJURY	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
OF INSURY	m.	WORK NOT WHILE				
22. I hereby certify that I at	tended the	deceased from Oc	t. 22, , 1952 to No	v. 7. , 19	52, that I l	ast saw the
deceased alive on Nov. 7	_, 1952	and that death occur	red at 6:05 Pm., from t	he causes and on	the date st	ated above.
23A. SIGNATURE	2	M. D.	1400 N. Caroline	St., #13		152
24A. BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify)	2	24c. NAME OF CEMETE	RYDKERSMATORY 240. L	OCATION (City, to	wn, or county)	(State)
Burial  11/11/19	952	St.Stanislaus		Dundalk Av		
LOCAL REGISTRAR  Huntin	ton /	Hama M.P	25. FUNERAL DIRECTOR	Weber 70.	5 S. G.	nn no
Vs 150	9 5	2 0 700	TB 2 3 3			

DA TAMEN S SAME OF A SAME 

11 -	135			*	A
	52 10243		EALTH DEPARTMENT E OF DEATH	52 Registered No.	10243
1.	NAME OF DECEASED ype or Print)			2. DATE OF	1
	PLACE OF DEATH: Baltimore City, Maryland	ich Kaltone	4. USUAL RESIDENCE (Who	DEATH	stitution: residence before admission)
B. H	FULL NAME OF (If not in hospital OR	ital or institution, give street address or location		- //	vrite RURAL and give
5	Mary H	ospital Yrs.	D. STREET ADDRESS (If ru	ck Oak	Refounship)
5	ngth of stay in Baltimore	Mos. Day		1	2.55
	FW	WIDOWED, DIVORCED (Specify	11/8/52	last birthday) Montl	let I Year H Under 24 Hours ns. Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired	108. KIND OF BOSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	2. CITIZEN OF WHAT COUNTRY?
13	Nicholas W	1. Kultenback	14. MOTHER'S MAIDEN NAM	Henba	ch
15 (Ye	. WAS DECEASED EVER IN U. S. ARME , no or unknown) (If yes, give war or dat	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	F78 181
	18. 760,0	CAUSE	OF DEATH	ller raction	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode	of dying, e.g.,	rdio-respir	ratory	20% 40
	heart failure, asthenia, etc. It me injury or complication which	ans the disease, caused death.) DUE TO	ilure stero		
TION	ANTECEDENT CAU DISEASES OR CONDITIONS,	(B)	cerepral,	hemotil	300
4	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING THE DUE TO	th groces	-5-3	
CERTIFIC,	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
AL C		198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		in Baltimore City, give	
Σ	21D. TIME (Month) (Day) (Year FINJURY	WHILE AT NOT WHILE			
	22. I hereby certify that I at deceased alive on	tended the deceased from 1819 6 Land that death occu	red of 10 42m, from the	causes and on the	that I last saw the
	23A. SIGNATURE	1 1/ Jan M. D.	238 ADDRESSEM HU	sph!	23c. DATE SIGNED
2.4 TI	N. REMOVAL (Specify) Hov. 10	- 5 Hew Call	edral Ba	eld Held	county) (State)
D	THE RECEIVED BY PEGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	Yran 300	o & Backs V
=	VS 150	manufacture and and	1	-	
	4	10201	0234		



7	10			1	AIL 10		
		244	BAL	TIMORE CITY	WINTER DEDARTMENT	50	100
	52 102	344			HEALTH DEPARTMENT TE OF DEATH	Registered N	10244
ВІ	RTH NO.			OLKIII ICA	TE OF BEATT	3	
	NAME OF D. ype or Print)	ECEASED	rue	Limo		2. DATE OF DEATH	5.8.1457
	PLACE OF DE Baltimore C	EATH: City, Maryland	1115 (	Reverside	4. USUAL RESIDENCE (	Where deceased lived. If i	nstitution: residence before admission)
	FULL NAME	OF (If not in hospi	tal or instituti	ion, give street address locatio		2	
	STITUTION				C. CITY OR TOWN (I	f outside corporate limits	O 2 township)
		tay in Baltimore	I	ele Mo Day	s. 1115 Rive	f rural, give location)	e
9	1/male	White	WIDOW	EMARRIED, SED DIVORCED (Spec LAUNCA	s. DATE OF BIRTH		Under 1 Year If Under 24 Neurs aths Days Hours Min.
worl	done during nosio	CUPATION (Give kind of working life, even if retired)	al al	OF BUSINESS OR INDUST		foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	IAME HOLD	MI		14. MOTHER'S MAIDEN N	Snow	
15 (Ye		D EVER HOU, S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	AE	PRESS
	'hu	no			1 Course & L	ump /638 (	alunther
	18. 420	1 1		CAUSI	E OF DEATH	41	ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH		7 MARIANI	1/12 melos	2 weeks
	heart failu	not mean the mode of re, asthenia, etc. It mes complication which	ans the disease	е,	co /cwayo		7
		ANTECEDENT CAUS		1	fulling the		54601
Z	DISEASES	OR CONDITIONS, I	F ANY GIVIN	(в)	4/penass	cm	
ERTIFICATION	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	Pertine	elen-	54km
-1C				(C)			
EL	OTHER S	II IGNIFICANT COND	ITIONS CON	2			
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	o 12	me		
	•			FINDINGS OF OP	ERATION		20. AUTOPSY?
CA			1		•	(TA 1 - 2 - 1)	YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. a arm, factory, atreet, office blo		(If in Baltimore City, g	ive exact location)
	21D. TIME (	Month) (Day) (Year		21E. INJURY OCCUP WHILE AT NOT WHI		Y OCCUR?	
			m.	WORK AT WOR	K L		
			/		lokes 25, 19 5, to		
	deceased al		_, 19.2.2., 0	and that death occ	23B. ADDRESS	the causes and on th	e date stated above.
		min	- One	elle M.D.	1228 MM	carles.	11 /8/02
24 TI	A. BURIAL, CON. BEMOVAL (S	DREMA- 24B. DATE (pecify)	11/11/2	24C. NAME OF CEME	TERY OR CREMATORY 24D. I	LOCATION (City, town,	or county) (State)
	ATÉ RECEIVE	D BY   REGISTRAR	SSIGNATU	RE UWK	25 FUNERAL DIRECTOR	Voce	ADDRESS
Lo	CAL REGIST	RAR Huntin	aton 1	Elianas MJ	1 Housel 8	Mans 1400/	I harles so
=	VS 150	130%	0		1/3 1/10 000 00		
		P	i, F	200	10238		



52 46245 BIRTH NO 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION

CERTIFICATE		Registered No.
mith (Tila	hman)	2. DATE OF DEATH Yourshes 1,195 (Where deceased lived, If institution: residence
titution, give street address or	ml.	(Where deceased lived, If institution: residence  B. COUNTY before admission)
location)	C. CITY OR TOWN	(If outside corporate limits, write RURAL and give

JOHNS HOPKINS HOSPITAL

Yrs. Mos.

ngth of stay in Baltimore

30 WS Days

7. SINGLE, MARRIED. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of 10B, RIND OF BUSINESS OR

(If yes, give war or dates of service)

D. STREET ADDRESS

(If rural, give location)

8. DATE OF BIRTH -01

11. BIRTHPLACE (State or foreign country)

9. AGE (in years)

12. CITIZEN OF WHAT COUNTRY?

If Under 1 Year

last birthday) Months; Days Hours; Min.

MOTHER'S MAIDEN NAME

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

YES

192; that I last saw the

23c. DATE SIGNED

township)

If Under 24 Hours

16. SOCIAL SECURITY NO.

INDUSTRY

17. INFORMANT

IOHNS

ADDRESS

CAUSE OF DEATH

DUE TO

DUE TO

18. 540.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

work done during most of working life, even if retired)

HOUSEVY, 13. FATHER'S NAME

Mam

(Yes, no or unknown)

CERTIFICATION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT

NOT WHILE! AT WORK WORK

22. I hereby certify that I attended the deceased from\_ deceased alive on M -

1952; and that death occurred at \$ 00 km., from the causes and on the date stated above. 23A. SIGNATURE

REGISTRAR'S SIGNATURE

24A. BURIAL, CREMA 24B. DATE NAME OF CEMETERY OR CREMATORY 11/11/5

21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

11.3

1952 to 11-7 23B. ADDRESS

JOHNS HOPKINS HOSPITAL

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

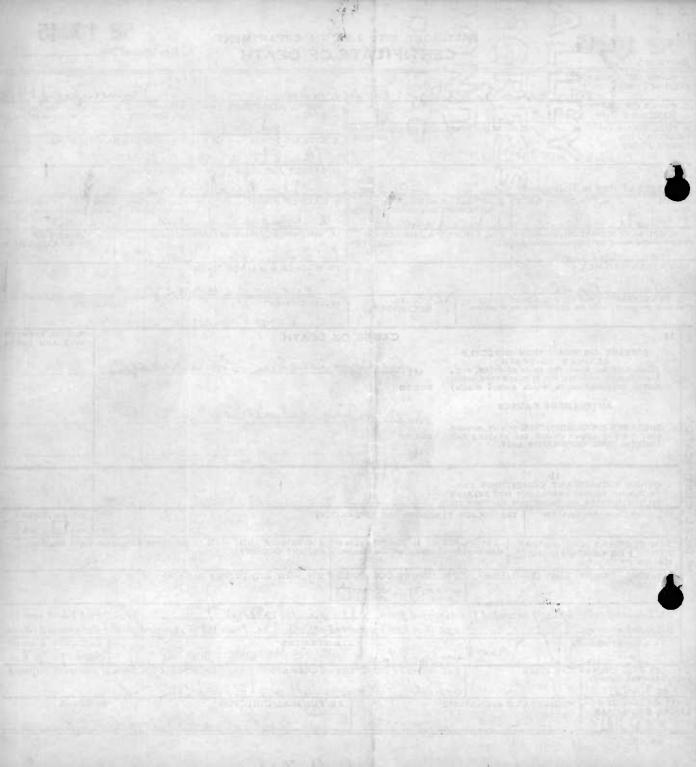
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DATE RECEIVED BY

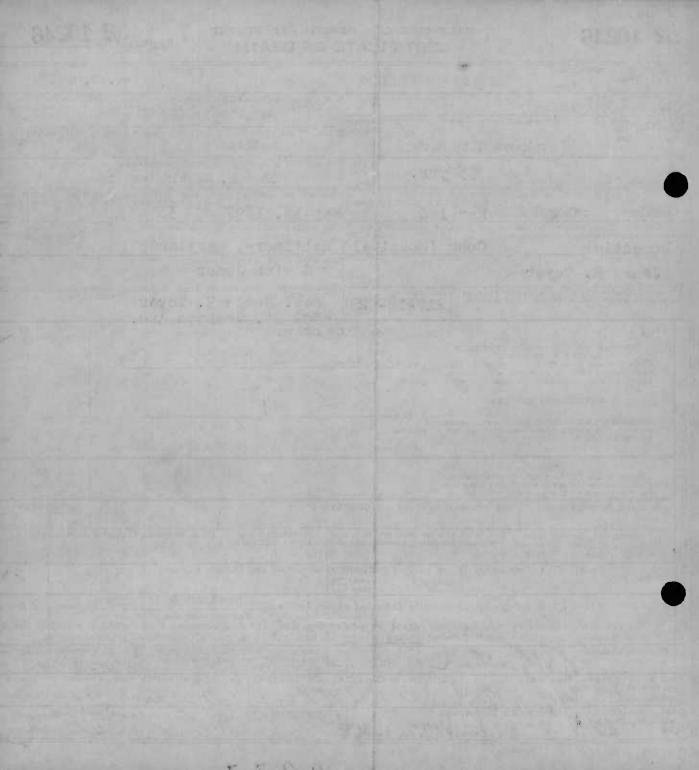
LOCAL REGISTRAR

EDICAL

25. FUNERAL DIRECTOR



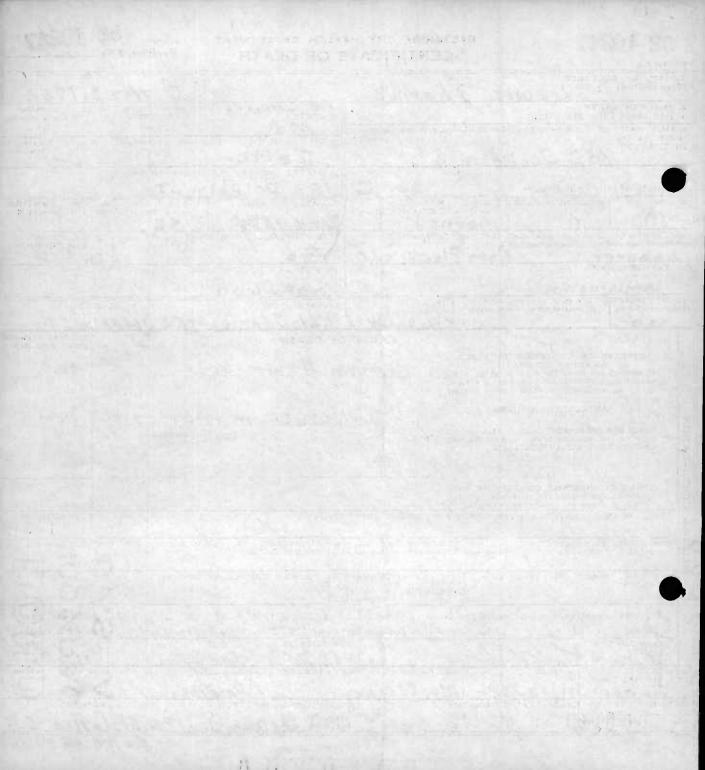
25 JUS	46		CERTIFIC	ATE	OF DEAT	ГН	Regist	tered No-	TUC	46
BIRTH NO.			<u></u>		0. 02/					
1. NAME OF D (Type or Print)	DECEASED	BEULAH	HOLLID	AY			2. DATE OF DEATH	Nov. 7	, 195	52
	City, Maryland			A	. USUAL RESI	pence (Wi	here deceased l			residence e ndmission
B. FULL NAME HOSPITAL OR	OF 'f not in hospit	al or institutio	n, give street add		CITY OR TOW		outside corpora	to limite w	wite DIID	AT and size
INSTITUTION	Baltimo	re City				ltimore	Surside cornors	-0	Co	township
		55	yrs.	Yrs. o Mos.	STREET ADD					
	tay in Baltimore			Days			ashingto			
female	6. COLOR OR RACE	7. SINGLE. WIDOWE Marr:	D, DIVORCED	Specify)	y 15. 1	897	9. AGE (In y last birthd	ears If Unde	H I Year S Days	If Under 24 licurs Hours Min.
10A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS	OR 11	BIRTHPLACE	(State or for	eign country)	12	CITIZE	
Domest:	of working life, even if retired)	Cook	/ 1	al) I	Baltimor	e. Mai	rvland		WHAT	COUNTRY
13. FATHER'S	NAME	OCOL	(1100)20		MOTHER'S M	AIDEN NA	ME	1		
	H. Toyer				Elvira	Jones	5	1		
15. WAS DECEASI (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service)	217518LY	7234	Rev. No	ble H.	Toyer	ADD	RESS	
(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA s not mean the mode of the action which of the complication which is conditionally the condition to the complication of the c	TH of dying, e.g., uns the disease, caused death.) SES F ANY, GIVING STATING THE	(A)Car		DEATH a of brea	st				AL BETWEEN
TRIBUTING	TO THE OEATH, BUT	NOT RELATED								
U 19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF	OPERATI	ON				20. AL	UTOPSY?
UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-		E OF INJURY m,factory,street,offic		21c. WHERE INJURY OCC		in Baltimore	City, give	exact lo	cation)
210. TIME OF INJURY	(Month) (Day) (Year)	WI		WHILE WORK	21F. HOW DI					
the cv	fy that I took char idence obtained by eath in my opinion	said Autop	sy, Inspection	or Ing	uiry, find tha [, accident [] 238. CHIEF N ASSISTANT N	t said ded , suicide [ MEDICAL E	☐, homicide XAMINER XAMINER	on the de la	day star etermin	ted above ed □. GNED
24A. BURIAL.	CREMA- 246, DATE	124	4c. NAME of CE	M.D.	MEDICAL IN	VESTIGATO		DI NOA.		(State)
Surval S	Specify) Hed 11.	1950	Meas	1	Red	1/1	weo	n, /	nar	fland
DATE RECEIVE	D BY REGISTRAR	S SIGNATUR	77000	125	JAKERAL C	BESTON .	Fun	cialas	DOTE	time
PLO LAON	W Hint	nator /	TENALUA-	Mi	1631	Nr	wid	SKe	11	Cone
V S 151		0,5	207	20	&T5 7	***				1



BALTIMORE CITY HEALTH DEPARTMENT

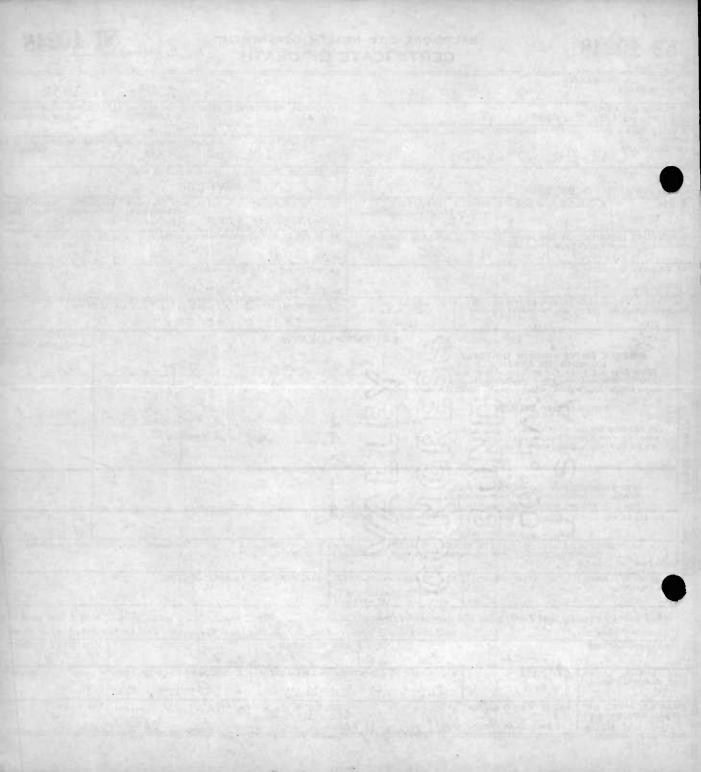
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Ю	or to	641	CE	RTIFICA	TE OF DEATH	Registered N	10————————————————————————————————————
В	IRTH NO.		CL		IL OF DEATH		
1. C	NAME OF D		is Th	omas		2. DATE OF DEATH NOV	8.1952
A		City, Maryland			A. STATE	E (Where deceased lived, If B. COUNTY	
	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution,	rive street address locatio	\		
	ISTITUTION	152 Dol	phia S		Balto.	(If outside corporate limits	write RURAL and give township)
0	ength of s	tay in Baltimore		30 Yrs		(If rural, give location)	
5	SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
	m	C	WIDOWED,	DIVORCED (Speci	May 4 1894	last birthday) Mo:	nths Days Hours Min.
10	A. USUAL OC	CUPATION (Givekinde	108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
wor	Leab area	of working life, even if retired	Gasa Fla	etvic Co		STATE OF THE PARTY	WHAT COUNTRY?
13	FATHER'S	NAME	MASTER	ETTICLO	14. MOTHER'S MAIDE	N NAME	U. 3, 77.
_		mown			NNKNOW	n	
(Ye	o. WAS DECEASI	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
_	No		115	2-05-347	9 Lula Thom	as-152 Dolp.	hin st.
	18.443	3× .		CAUSE	OF DEATH	1974-	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION			, ,,	/	ONSE! AND DEATH
	(This does	LEADING TO DEA	of dying, e.g.,	(ACDYON	val Hemver	nage	I WC.
	injury or	re, asthenia, etc. It me complication which	ans the disease, caused death.)	DUE TO			
		ANTECEDENT CAU	ere				
Z	MILE LA			(B) HYM	Ten we Cond	is la sealon	14.
2	DISEASE.	S OR CONDITIONS. THE ABOVE CAUSE (A)	F ANY, GIVING	DUE TO		usease	
RTIFICATION	UNDERL	YING CONDITION L	AST.				
프				(C)			
E	OTHER S	II SIGNIFICANT COND	ITIONS sou				•••••
ш	TRIBUTING	S TO THE DEATH, BUT	NOT RELATED				
U.		F OPERATION	198. MAJOR FIN		RATION		20. AUTOPSY?
AL	Professor.	0					YES NO
EDICAL		NT. SUICIDE.		OF INJURY (e. g.		(If in Baltimore City, g	ive exact location)
	HOMICIDE	(Specify)	about bome, larm, is	actory, street, office bld	.,etc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year	(Hour)   21E.	INJURY OCCUR	RED 21F. HOW DID INJ	JURY OCCUR?	
	INJURY		WHILE				
	00 71 1	.10 .1 . 7	m.   wor			11 - 8	b
		y certify that I at	tended the dece	eased from_14	urred at 7:40 Pm., fro	11-8 , 195	, that I last saw the
	224-SIGNA	TURE 4	, 19 <b>5</b> , and		23B. ADDRESS	m the causes and on th	e date stated above.
	The	with In DV	Oh no	м. р.	548 MIChusel	he st	11/1010
2	4A. BURIAL.	CREMA- 248, DATE	/ 24c.		ERY OR CREMATORY 24	D. LOCATION (City, town,	or county) (State)
TI	ON, REMOVAL (S	pecify)	52 M-	+ Calvan	v 2	ne Branda 160.	md.
D	ATE RECEIVE	D BY   REGISTRAR	S SIGNATURE	( ) (	25. FUNERAL DIRECT	OR *	ADDRESS
L	NOVE REGIST	RAPORT -	ton Villa	War Mill		Jr1701 MS	Callod St.
	VS 150	0		0	2055		10.12 md.

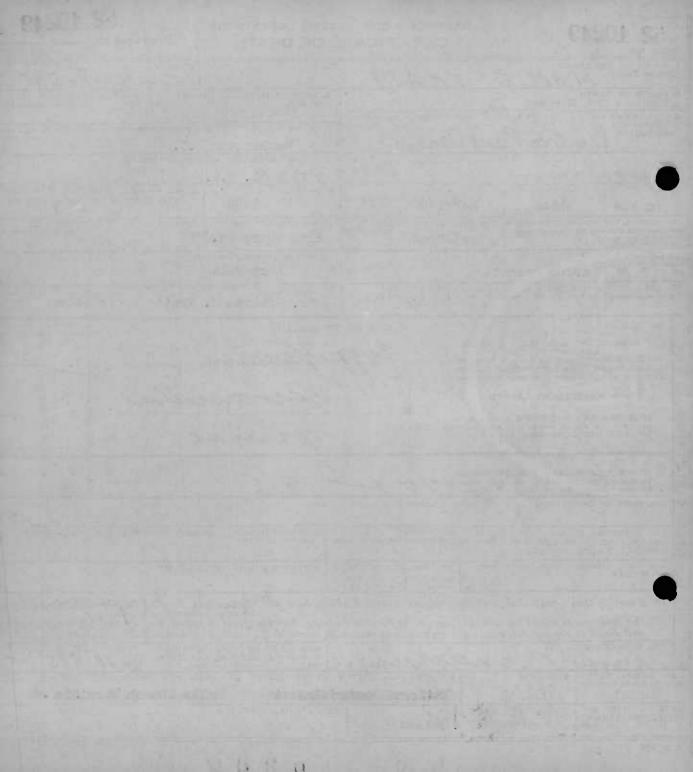


52 10248 BALTIMORE CITY HEALTH DEPARTMENT 52 10248 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH NOV. TDA DIETZ S. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE Maryland B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) 2259 Cecil Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1912 Cecil: Avenue ength of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours; Min. October29,1868 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY? lork. Pa. USA at home Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Juliana Gingerich Henry Dietz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 2259 Cecil Aveaugess 16. SOCIAL SECURITY NO. Mrs Lester Heaps none INTERVAL BETWEEN 18.442X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK WORK 1952, to Mor , 1952, that I last saw the 22. I hereby certify that I attended the deceased from //o 2, 19 52 and that death occurred at 54 m., from the causes and on the date stated above. deceased alive on // 67/ 23B. ADDRESS 23C. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)/ Baltimore, Md. 11/10/52 Parkwood Cemetery burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE SONS, INC VS 150

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6	30							50	10	~ 40		
В	52 10	249	BAI		TE OF DEATH Registered No.							
1.	NAME OF D 'ype or Print)	MAMIE	- 1	2. DATE OF DEATH //- 8-52								
Α.		City, Maryland	al au in aite.	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission								
H	FULL NAME OSPITAL OR ISTITUTION	Penlico R		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township township)								
4	ngth of s	tay in Baltimore	D. STREET ADDRESS (If rural, give location) 3623 S St. N.W.									
5.	Female	6.COLOR OR RACE White	E. MARRIED. VED. DIVORCED (Specify) TIED	8. DATE OF BIRTI		9. AGE (In years lastphirthday)	l Year Days	If Under 24 Hour Hours Min				
1C wor	A. USUAL OC done during most of House	CUPATION (Give kind of of working life, even if retired) WIFE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Blacksburg Va.   12. CITIZEN OF WHAT COUR								
		Charles Benne			14. MOTHER'S MAIDEN NAME Lucy Wall							
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mr. William M. Pratt  ADDRESS as Above							
RTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  CAUSE OF DEATH  CAUSE OF DEATH  (A)  DUE TO  Cardiovascular  (B)  DUE TO  DUE TO  DUE TO  CONDITION LAST.								ONSET	AND DEAT		
Ш	OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED NOVE TO THE DISEASE OR CONDITION CAUSING IT.											
7	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER						YES NO		
EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (e.g., in or UNDERLYING CAUSE OF DEATH. 21b. PLACE OF INJURY (e.g., in or INJURY OCCUR? (If in Baltimore City, girls) about home, farm, factory, street, office bldg., etc.)								exact lo	ocation)		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK  WORK AT WORK											
	The evidence obtained by said Autopsy, Inspection or Inquiry, find that is said deceased died on the day st and death in my opinion resulted from: natural causes accident suicide homicide homicide homicide has standard accident homicide homicide has standard accident homicide homicide has standard homicide homicide has standard									ted above ed □.		
	24A. BURIAL. CREMA- TION. REMOVAL (Specify) Burial  24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (Ci  Paul's Chur  Paul							own, or tounty) (State) Wirginial.				
	TE RECEIVED	RARCI	0 - 11	History MJ.	25 FUNERAL DIR	a /	awler	AD	DRESS			
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ADDRESS

	0.10050		BAI	TIMORE CITY HE	ALTH DEPART	MENT		52 10250		
T DB	10250 IRTH NO.			CERTIFICAT	E OF DEAT	Н	Registered	No		
1 ('	NAME OF DECEAS		Y J. SW	IANNER			OF N	ov. 8, 1952		
	. PLACE OF DEATH: Baltimore City, 1				4. USUAL RESIDE			f institution : residence before admission)		
H	OCBITAL OD	(If not in hospit 17 S. Pot		ion, give street address or location)	Md. c. CITY OR TOWN Baltimore		le corfbrate limi	it, write RURAL and give township)		
С	Length of stay in	Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give/location)					
	female w	E, MARRIED. /ED, DIVORCED (Specify)	18. DATE OF BIRTH 9. AGE (In years) If linder 1 Year   If linder 24 H							
WOZ	DA. USUAL OCCUPA- k done during most of workin never worked	g life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY					
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
1:	Cyrus Beck	R IN U.S. ARMED	FORCES?	16. SOCIAL	Unknown 17. Informant Address					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.					Mrs. Irene E. Cromwell-2701 E. Jefferson					
AL CERTIFICATION	(This does not m heart failure, asth injury or compli	enia, etc. It mea cation which conditions, in over cause (A) condition La	FH f dying, e. g f dying, e. g sthe diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	struc C	adir	-cwlo	70 June		
	19A. DATE OF OPE	RATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?		
MEDICAL	21A. ACCIDENT W LYING OR CON CAUSE OF DEATH	TRIBUTING		ACE OF INJURY (e. g., in larm, factory, street, office bldg., e			Baltimore City,	give exact location)		
INJURY  (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID  while AT NOT WHILE AT NOT WHILE AT WORK							UR?			
		22. I hereby certify that I attended the deceased from the deceased from 19 , 19 , to 19 , to 19 , that I last saw the								
	deccased alige on 19 1 and that death occurred at 1 m., from the causes and on the day 23A. SIGNATURE 23B. ADDRESS LOCK. 23C.									
2 TI	4a. BURIAL CREMA- ON REMOVAL (Specify) Burial	11/11/5		24c. NAME OF CEMETE Oaklawn Cem.	RY OR CREMATORY	Balto.,	Md.	n, or county) (State)		

250FUNERAL DIRECTOR

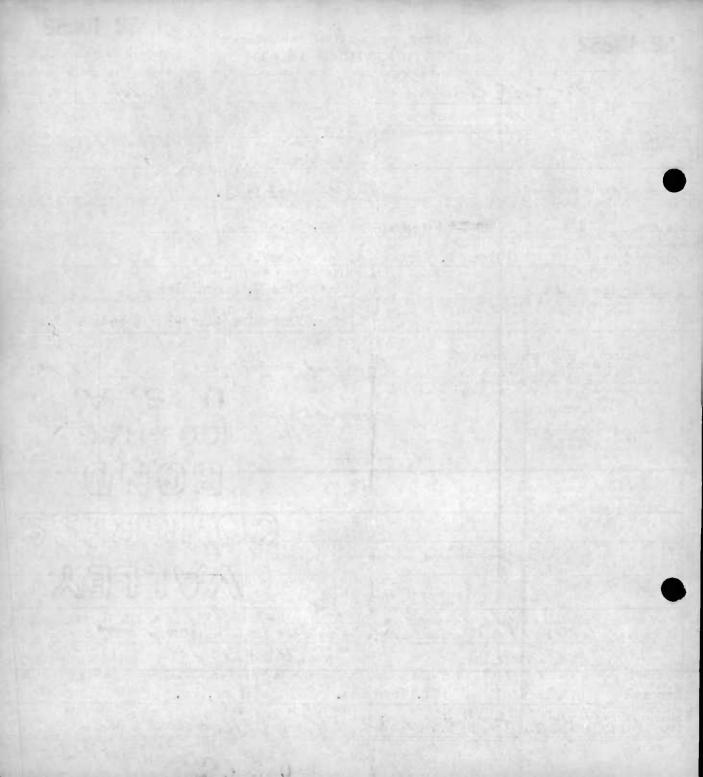
DATE RECEIVED BY LOCAL REGISTRAR NOV 1 0 1952

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1	52 102	5.1	ВА	CERTIFICAT			Registere	2 1	UZ5	1	
В	IRTH NO.			CERTIFICATI	E OF DEAT	П /	Tregistere	4 110			
	NAME OF D Type or Print)	ECEASED MA	R <b>Y</b> 1	o. STIT	ZZ 2. DATE OF DEATH November 8, 1952						
	. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
В		OF Of not in hospi	tal or institu			Bald	tone	900			
	NSTITUTION	Lutheran H	spital	location)	Pikesville township)						
		tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location) 4117 Fords Lane						
11	Female	White	7. SINGL WIDON	E. MARRIED. VED. DIVORCED (Specify) ATTIED	8. DATE OF BIRTH	H	AGE (In years last birthday)	Months	Year H	Under 24 Hours ours Min.	
		CUPATION (Give kind of f working life, even if retired al		of Business or INDUSTRY Store	11. BIRTHPLACE( Maryland	State or fore	ign country)		WHAT C	OF OUNTRY?	
1:	3. FATHER'S N	IAME			14. MOTHER'S MA	AIDEN NAM	1E				
	Charles	E. Dulin			Nannie M. Marshall						
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE	ss		
	no			230-09-2693	Mr. Wm. C	. Stite	z - 4117 1	Fords	Lane		
	18. 353	12		CAUSE	OF DEATH					BETWEEN	
RTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)										
RTIFIC		IGNIFICANT COND TO THE DEATH, BUT									
CEF	TO THE DI	SEASE OR CONDITIO	CAUSING	IT							
	19A. DATE O	F OPERATION	19B, MAJOR	FINDINGS OF OPER	ATION				YES T	NO X	
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in or UNDERLYING CAUSE OF DEATH.  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?										
21D. TIME (Montb) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK											
22. I certify that I took charge of the remains described above, held an inspection & inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), und									y state	ed above,	
	23A. SIGNAT	Laura UM	with		238. CHIEF MI ASSISTANT MI D. MEDICAL INV	EDICAL EX	AMINER 🔠   "	23g. DA			
Z. TI	4A. BURIAL. CON REMOVAL (S)	REMA- pecify) 24B. DATE 11/12		Western Cem		Balto.	ATION (City, to	wn, or cou	inty)	(State)	
	ATE RECEIVED		SSIGNATI	JRE	25 FUNERAL DIR	есто	1	ADD	RESS	1	

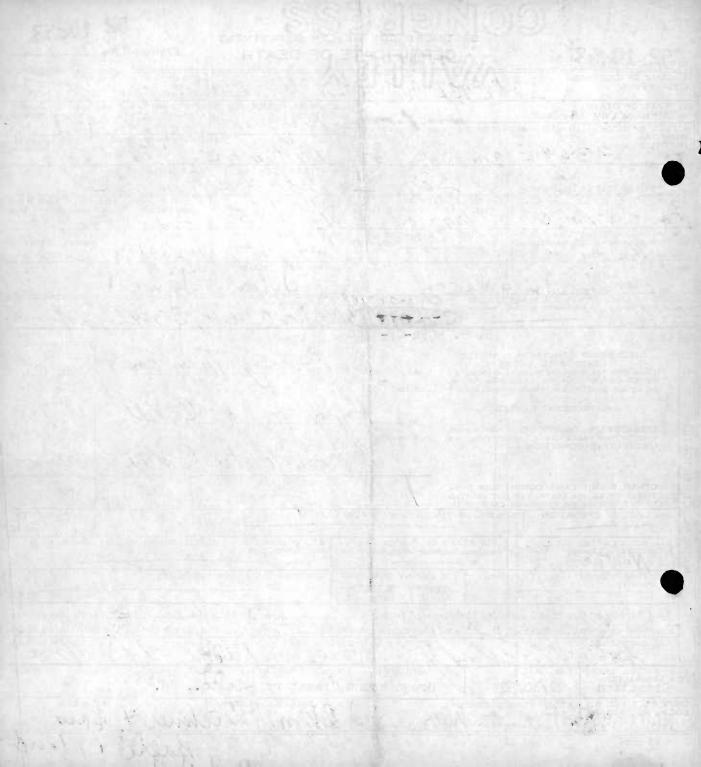
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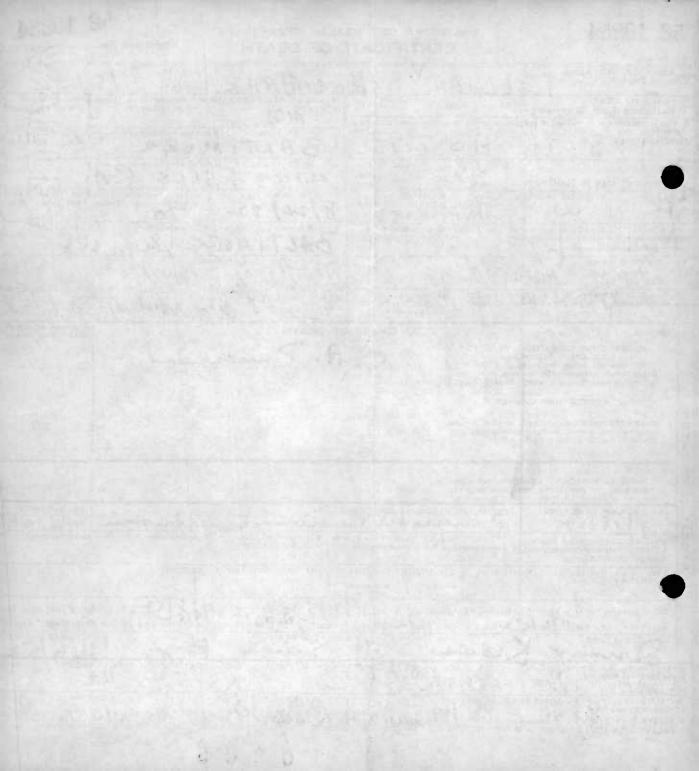


52 10253

ык52 10253	CERTIFICATE	E OF DEATH	Registered No.	
1. NAME OF DECEASED FLO REI	YCE AURYANS	EN HANLEY	2. DATE OF DEATH NOV.	7.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If ins	titution residence before admission)
	tution, give street address or location)	1/274/and	15	+1
INSTITUTION 27 14 EL	1 0 - 11-	C. CITY OR TOWN (If	outside comporate limits, v	vrfte RURAL and give township)
3307 E 191h	7/VC /6 Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	28 Moss	3304 E	Tgin AR	
	SLE. MARRIED, OWED, DIVORCED (Specify)	8/20 85		ler   Year   II Under 24 Rours   Hours   Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f.	oreign country) 12	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	0,01
John W. Auryan	sen	Julia	Jewell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Mr Kent Hand	6, 3304 F.	RESS AD-16-
	S #09L=09=8788	OF DEATH	70007219	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	v CAUSE (	) -	71	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	1	oy on 274 /	hrom bosis	1/hx
heart failure, asthenia, etc. It means the dis injury or complication which caused de	ease,			
	1/	/.	0110	10
ANTECEDENT CAUSES	(B)	merten 5100	C, V.D,	10445
DISEASES OR CONDITIONS, IF ANY, GI	VING	7		<i>y</i>
UNDERLYING CONDITION LAST.	Y	1 1.	01/1	11
2	(5)	terrosclerotic		10 475
OTHER SIGNIFICANT CONDITIONS	CON-			
TRIBUTING TO THE DEATH, BUT NOT REL	ATED			
	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
<b>A</b>				YES NO
	PLACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		If in Baltimore City, give	e exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
INJURY	WHILE AT NOT WHILE			
22. I hereby certify that I attended to		10#8 to	June 1952	that I last saw the
deceased alive on whe , 195		red at 5 Pm from t	the causes and on the	
23A. SIGNATURE	77	3B. ADDRESS		23c, DATE SIGNED
melary / nator	M. D.	3400 Neodbine	He,	11/7/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Cremation 11/10/52	249. NAME OF CEMETE		OCATION (City, town, or	county) (State)
	Green Mount		(1)	-Anna
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	With Allen MJP	25 FUNERAL DIRECTOR	chever +	DRESS
VS 150			Rapto	, mil.
	F 6	00105	, may co	



52 10054	
52 10254 BALTIMORE CITY HEALTH DEPARTMENT DE 11	1254
CERTIFICATE OF DEATH Registered No	
1. NAME OF DECEASED LILLIAN SCHOEMAAR 2. DATE OF DEATH 11/6/5	-
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution:	residence e admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION SIAI HOSPITAL BALTIMORE	AL and give township)
Yrs. D. STREET ADDRESS (If rural, give location)	- BF
congth of stay in Baltimore Wife Mos. 4143 FALLS R1.	
	If Under 24 Hours
MAKKIED 8/20/82 70	
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY WHAT	N OF COUNTRY?
13. FATAFR'S NAME	•
Horiza Harwood Martha Il Harvell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL TAINFORMANT ADDRESS!	00 10
(Yes, no orbitation of (If yes, give war or dates of service) SECURITY NO. Italiam F. Schoenhoar 4143 Tal	o load
18. /57 Y . CAUSE OF DEATH	AL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	•••••••
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	
The state of the contract of the state of th	UTOPSY?
21A ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give exact le	No M
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING   about home, farm, factory, etreet, office bidg., etc.)   1NJURY OCCUR?	No M
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give exact to injury occur?)	No M
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)   1NJURY OCCUR?   1NJURY OCCUR?	No M
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) TINJURY  21c. I hereby certify that I attended the deceased from 1 5 1, 19 to 11 5 1	No Pocation)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) TINJURY  21c. INJURY OCCURRED  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from 11 / 5 1, 19 to 15 1, 19 to 16	No Mocation)  ust saw the lited above
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) TINJURY  22c. I hereby certify that I attended the deceased from 1 deceased alive on 1 south at the date sto 2 signature  21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?  21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  22 J. Horeby certify that I attended the deceased from 1 deceased alive on 1 south of the date sto 2 signature  23c. BAT	No Deation)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) TINJURY  21c. INJURY OCCURRED  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 1	No Deation)  ust saw the lited above.
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  (If in Baltimore City, give exact leads to the control of the contr	NO Mocation)  Lest saw the ted above.
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. Horeby certify that I attended the deceased from 11 deceased alive on 1 deceased alive on 1 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased alive on 1 deceased from 12 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased alive on 1 deceased from 12 dec	ust saw the ated above.
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22 I hereby certify that I attended the deceased from 1	ust saw the ated above.
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. Horeby certify that I attended the deceased from 11 deceased alive on 1 deceased alive on 1 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased alive on 1 deceased from 12 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased from 12 deceased alive on 1 deceased from 12 deceased alive on 1 deceased from 12 dec	no vecation)  ust saw the ated above. (State)



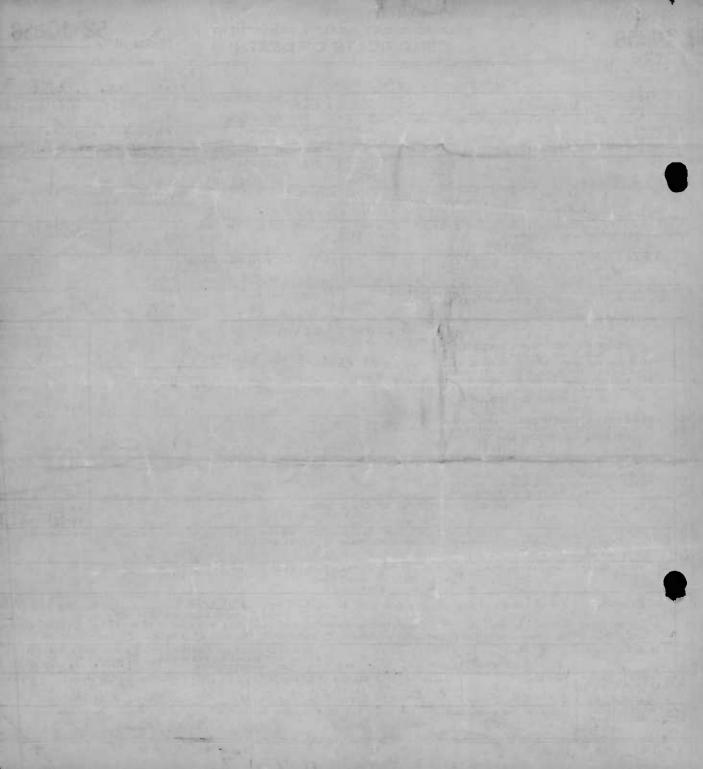
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10255

BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.	4.0.0019
1. NAME OF DECEASED Oden L. Mul	Leahy		2. DATE OF NOVEM	ber 7, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institu	tion give street address or	A. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. If inst B. COUNTY	itution: residence before admission)
HOSPITAL OR Union Memorial Hos	location)		outside corporate limits, w	rite RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If a 2117 Sulg	rural, give location)	
5. SEX   6. COLOR DR RACE   7. SINGL	E. MARRIED. WED DIVORCED (Specify)	8. DATE OF BIRTH March 18, 1897	9. AGE (In years   Hund last birthday) Month	
10A. USUAL OCCUPATION (Givekindof rork done during moet of working life, even if retired)  Electrical Contractor	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY? USA
William A. Mulcahy  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	Clara E. Young		
yes World War I	212-22-8169	17. INFORMANT Edith L. Mulcah		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	g., (A)	ocondy (	Phambais	INTERVAL BETWEEN DNSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CO	NG (B) / 1	y pertensiv	y CUD.	?
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TD THE DISEASE OR CONDITION CAUSING	ED			
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		YES NO
	ACE OF INJURY (e.g., in farm, factory, street, office bldg., et 21E. INJURY OCCURRE	to.) INJURY OCCUR?	f in Baltimore City, give	exact location)
F INJURY ni.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased alive on 1 , 19 2 23A. SIGNAPORE	and that death occur	red at // 4 m., from the 38. ADDRESS	he causes and on the	date stated above.
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial Nov. 11-1952	24c. NAME OF CEMETER Druid Ridge		Sville. Balto	
DATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR Burgee Funeral	Home 3631 Fac	DDRESS ls Road Balt
Vs 150	29029	Horaco SK	Busque fr.	

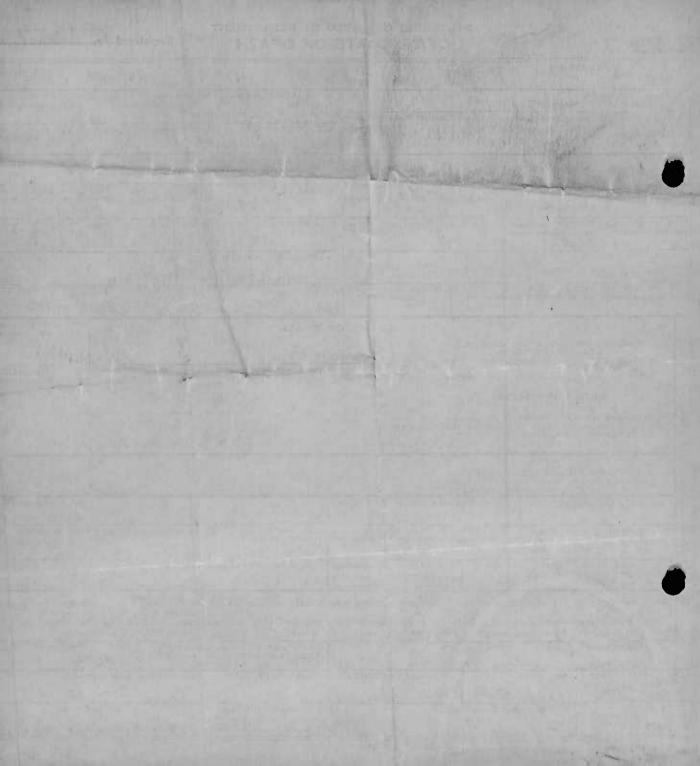
TO A WITH A WAY OF THE PARTY OF

50-1597 52 10256 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) ANITA HASKINS DEATH Nov. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF I'f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate imits, write RURAL and give INSTITUTION township) Provident Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 1808 Brunt Street Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (in years If Under 1 Year li Under 24 Hours last birthday) Months Days Hours Min. & DATE OF BIRTH female colored 10A. USUAL OCCUPATION (Give king of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, oo or uokoowo) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE AT WORK WORK autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER..... Nov. 7. 1952 MEDICAL INVESTIGATOR ... 24A BURIAL CREMA-24c, NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR V S 151



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered \$2 10257

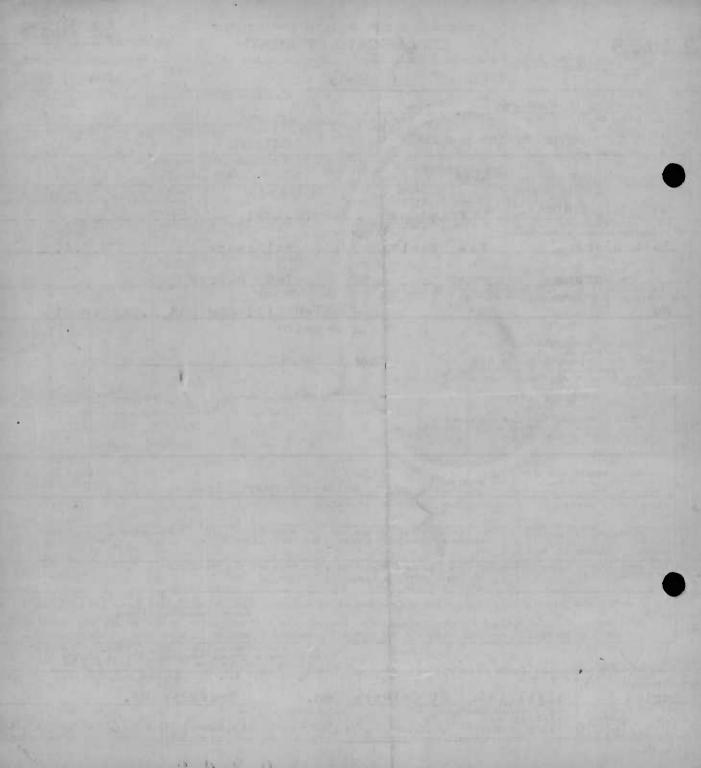
1 8	IRTH NOW	- O. D=/////	
(	(a) with	OHNSON	2. DATE OF November 3, 1952
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If institution: residence
-	FULL NAME OF f not in hospital or institution, give street address or	1 1	ed .
H	OSPITAL OR location		outside corporate limits, write RURAL and give
11	VISTITUTION University Hospital	Mas otimes	sel township
		Mauni	00
	ESCALA Mos.	1 1	rural, give location)
	ength of stay in Baltimore Days	1407- Cl	Isworth St.
5	SEX   6. COLOR DE RACE   7/SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   If Under I Year   If Under 24 Hours
1	Male Colored WIDOWED, DIVORCED (Specify)	100-	last birthday) Months Days Hours Min.
II	which are	1886	67
1 C	DA. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR K done during most of working life, even if retired)	11. BIRTHPLACE (State or fo	
	k done during most of working life, even if retired) INDUSTRY	1/1sama	WHAT COUNTRY
1	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA	013141
	Les de la constitución de la con	14. MOTHERS MAIDEN NA	IN STATE OF THE ST
	tlam Johnson	Kindy .	Sowell 1
1.5	. WAS DECEASED EVER ON U. S. ARMED FORCES?   16. SOCIAL	12 INFORMANT/	ADDRECC
(Xe	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	8 1 3 4 4	ADDRESS AT L
		Manu Tora	1-1601- Cusworld of
	18. 4914 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH Dans	hopneumonia	
		HODIEUMOILA	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	
0	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
15	UNDERLYING CONDITION LAST.		
ठे	(C)	•	
RTIFICATION	II .		
E	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED		
III	TO THE DISEASE DR CONDITION CAUSING IT.		
U	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20, AUTOPSY?
	V		[v]
A	21a. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (c.g., i	n or   21c. WHERE DID (If	
□ □	21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., i about bome, farm, factory, street, office bldg., c	etc.) INJURY OCCUR?	in Baltimore City, give exact location)
EDI	UTING CAUSE OF DEATH.		
Z .	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUP?
	OF INJURY WHILE AT NOT WHILE		CCCCIII
	m. Work AT WORK		
	22. I certify that I took charge of the remains described a	above, held an Partis	al Autopsy thereon and from
		Autopsy, I	nspection or Inquiry
	the evidence obtained by said Autopsy, Inspection or I	Inquiry, find that said de-	ceased died on the day stated above
	and death in my opinion resulted from: natural causes		
	23A. SIGNATURE	238. CHIEF MEDICAL E	XAMINER 23c. DATE SIGNED
	William Woodstoo M	.D. MEDICAL INVESTIGATO	DR
24	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		OCATION (City, town, or county) (State)
TI	DN. REMOVAL (Specify)	10	She . O. I
1	wreal 11/10/52 mt. Culy	an Climetery	naryuna
Di	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS .
16	0V 1 0 1057 16 16	(1) Delsterd.	918-04:11 11:01
11	THE TENT OF THE PERSON OF THE	(1). Comment.	110 MXIIIA Selle 4
. V	S' 151		K.



### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 10258

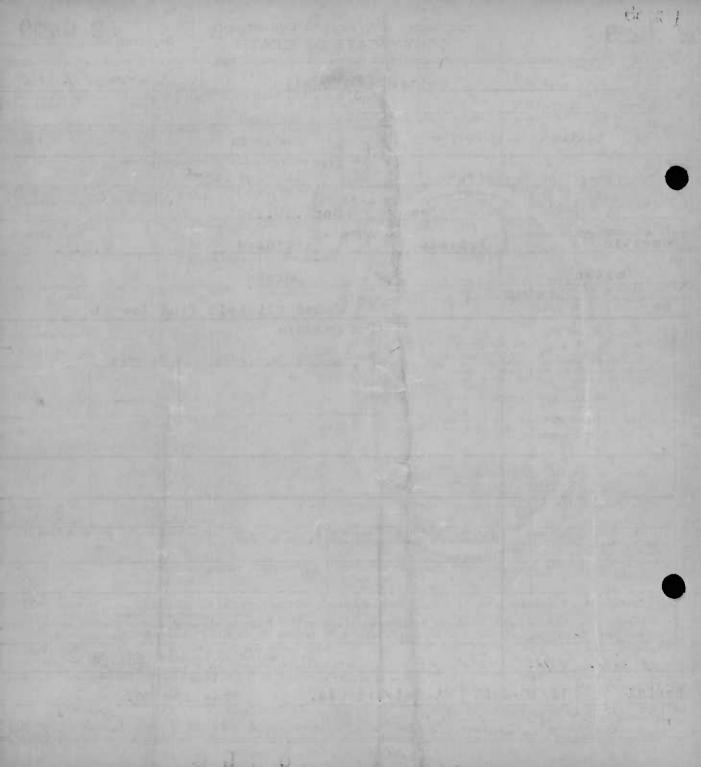
BIRTH HO	5		CERTIFICAT	E OF DEATH	registered 140.	
1. NAME OF (Type or Print	DECEASED	OSCAR	HAR	RIS	2. DATE OF Novembe	r 7. 1952
3. PLACE OF A. Baltimore	City Manueland -	Ralta	City	4. USUAL RESIDENCE (W		
B. FULL NAM HOSPITAL OF INSTITUTION	E OF f not in hospit	al or institut	ion, give street address or location)		outside corporate limits, v	write RURAL and giv township
ength of	stay in Baltimore	Life	Yrs. Mos.	522 N. Eden		
5. SEX Male	6. COLOR OR RACE Colored		Days  E. MARRIED,  ZED, DIVORCED (Specify)	8. DATE OF BIRTH		der 1 Year hs: Days Hours Min.
work done during mo	OCCUPATION (Give kind of st of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S		Shee	Shining	14. MOTHER'S MAIDEN NA	ME IU	S.A.
15. WAS DECEA	Unkown	FORCES?	16. SOCIAL	Tad Harr		/
(Yes, no or unknow	n) (If yes, give war or date	of service)	SECURITY NO.	Helen Williams		on St
DISEAS O RISE TO UNDER	LEADING TO DEA.  Des not mean the mode of ilure, asthenia, etc. It men or complication which of the complication of the co	of dying, e. g. ns the diseas aused death ses.  F ANY, GIVIN STATING THEST.	(B)	Pneumonia		
TO THE	NG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION   1:	CAUSING IT	FINDINGS OF OPER	lerotic Heart Disc	ease	
A	OF OPERATION 1					YES NO
UNDERLYI	RNAL CAUSE WAS NG  OR CONTRIB- CAUSE OF DEATH.		.CE OF INJURY (e. g., in arm,factory,street,office bidg.,e	2 or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
Σ 21b. TIME	(Month) (Day) (Year)		VHILE AT NOT WHILE	21F. HOW DID INJURY	OCCUR?	
the e	vidence obtained by leath in my opinion	said Auto	psy, Inspection or I	nquiry, find that said dec $lack{m{\triangle}}$ , accident $oxdots$ , suicide [	Aspection or Inquiry ceased died on the $\Box$ , homicide $\Box$ , und	day stated above letermined □.
23A. SIGN 24A. BURIAL.	Migun 11	Dours		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO RY OR CREMATORY 24D. LO	XAMINER 11/	0/52 (State)
Burial	(Specify) 11/11/		0	Cem. Broc	klyn Md.	(State)
DATE RECEIV LOCAL REGIS	TRAR I	signatu	Wasus Ny	Eloy D. Wils	A A	outy au
V S 151		No.	9 5 7050	REI 0 2 1	0	4



## BALTIMORE CITY HEALTH DEPARTMENT 52 10259

	H NO.			CERTIFI	CATE	OF DEATH	Registere	No.
(Туре	AME OF D	HELEN		Sutten	Mi	tchell	2. DATE OF DEATH NOVE	ember 8, 1952
	altimore (	EATH: City, Maryland				4. USUAL RESIDENCE A. STATE		
B. FU	ILL NAME PITAL OR ITUTION				ddress or location)	Maryland c. CITY OR TOWN Baltimore	(If outside corporate lin	nits write BURAL and giv
<b>—</b> , e	ength of s	tay in Baltimore	Life		Yrs. Mos. Days	D. STREET ADDRESS		
S. SE		6. COLOR OR RACE Colored	7. SINGLE WIDOW	MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH Sept. 19.1902	9. AGE (In years last birthday) 50	If Under 1 Year If Under 24 Hours Months Days Hours Min.
work don	USUAL OC meduring most of mestic	CUPATION (Give kind of f working life, even if retired)	108. KIND			11. BIRTHPLACE (State of Baltimere		12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S N	AME				14. MOTHER'S MAIDEN Unkewn	NAME	N I M I A A
15. W	AS DECEASE or unknown)	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT  James Mitche]	1 1108 Lew	ADDRESS St
RTIFICATION	DISEASES RISE TD T UNDERLY  OTHER S TRIBUTING	in to mean the mode of the asthenia, etc. It mea complication which of anticolors of the complication of the complication of the asthenia, etc. It mea to the complication of the asthenia, it is a complete to the complete the c	ns the disease aused death.  ES  FANY, GIVIN STATING TH ST.  TIONS CON NDT RELATE	(B)		ensive Cardiova	W. W. Marinia A Ada M. W. Willy	
U 19	110 200	F OPERATION 1		FINDINGS OF	OPERA	TION		20. AUTOPSY?
<u> </u>	NDERLYING	NAL CAUSE WAS G OR CONTRIB-		CE OF INJURY			(If in Baltimore City	, give exact location)
2 2	D. TIME ( F INJURY	Month) (Day) (Year)			CCURRE T WHILE	21F. HOW DID INJU	RY OCCUR?	
2:	the evi	dence obtained by	said Auto	psu. Inspectio	on or In	ove, held an part. Autops aquiry, find that said A, accident , suicie	y, Inspection or Inquir deceased died on	the day stated above
	SA. SIGNAT	Lean 1 do	All		М.І	238. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER	1/8/52
Bui	BURIAL C REMOVAL (S	11/10/3		4c. NAME DEC		11-12	•• klyn Md.	on, or county) (State)
LOCA	RECEIVE	REGISTRAR'S	SIGNATU	Williams-	M	Eliney O, Wil	200 1000 l	Builty our
VS	151		0	E 2/	2200	FA 0 2 5	0	V

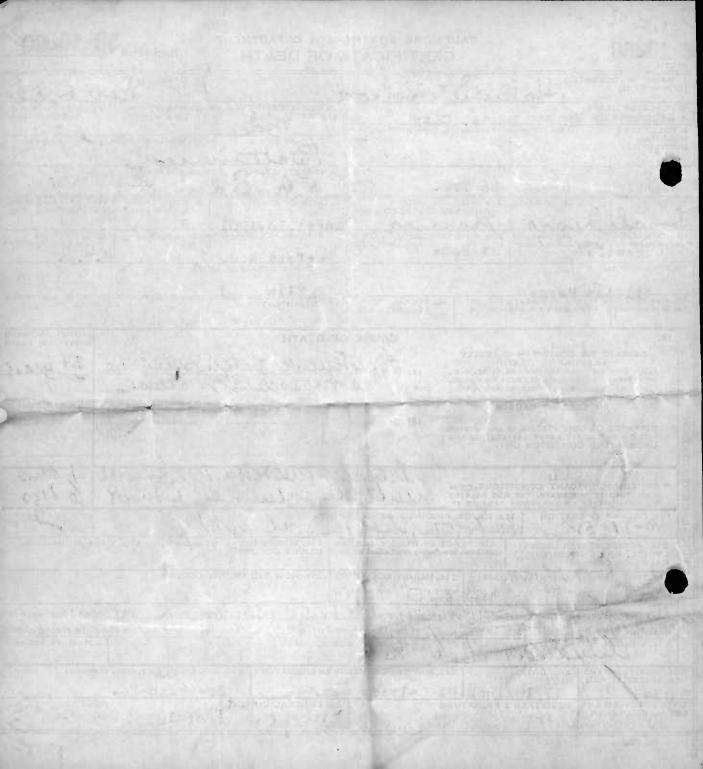
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### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Tinstead OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY Maryland Balto City
(If not in hospital or institution, give street address or before admission) B. FULL NAME OF HOSPITAL OR C. CLTY OR TOWN (If outside corporate imits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL mul D. STREET ADDRESS (If rural, give location) Yrs. Mos. 26 Yrs. c. Length of stay in Baltimore Co de Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) naure April 13.1901 51 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? At Heme Raeford N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Ella 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. IOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY genteupite arteripolerotro (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF 19A, DATE OF OPERATION 20. AUT EDICAL 21B. PLACE OF NJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location, 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) FINJURY WORK 22. I hereby certify that I attended the deceased from Och & P. 1962 to Nov 6, 1962 that I last saw the deceased alige on how. 6, 1962 and that death occurred at 33 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED HOPKINS HOSPITAL JOHNS 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 11/20/1952 Mt Colvery Cem. Brooklyn Md. Rurial 25 FUNERAL DIRECTO DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAD

F 73



Registered No. 10261 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED Rachel Lawrence 2. DATE (Type or Print) OF Nov. 6, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Md. HOSPITAL OR (If outside corporate limits, write RUIAL and give location) 1402 N. Mount St. Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos. F BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 7293 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? H. Wife Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Saunders Mary Reed 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or naknown) SECURITY NO. No Martha Green 1402 N. Mount St 18. 450.0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY y toriosela ruses LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location)

21B. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WORK AT WORK 1951, to hor 6 22. I hereby certify that I attended the deceased from Sept , 19 that I last saw the deccased alive on the P.m., from the causes and on the date stated above. 23A. SIGNATURE 23C/DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

11/11/52 Burial Mt Auburn Balto. Md DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Geo . Presstman VS 150

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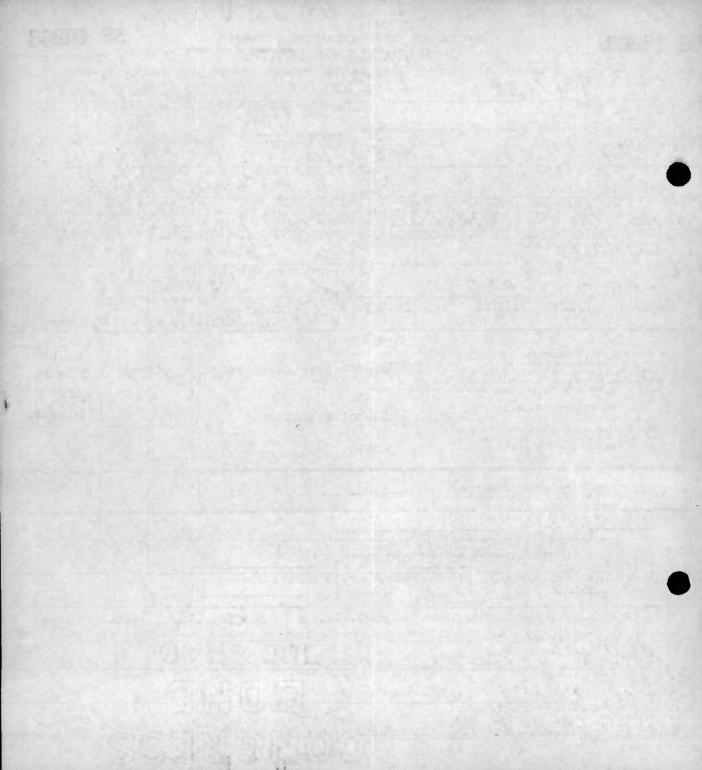
### BALTIMORE CITY HEALTH DEPARTMENT

istered No 2 10362

2RT1026	2		CERTIFICATI	E OF DEATH	Reg	istered No	20	HI II
1. NAME OF D (Type or Print)		erick	J. Blank		2. DATE OF DEATH	Nov.	9.195	2
	EATH: City, Maryland			4. USUAL RESIDE A. STATE	NCE (Where decease	ed lived. If in	stitution : re	sidence admission)
B. FULL NAME HOSPITAL OR INSTITUTION			on, give street address or location)  1s Parkway	c. CITY OR TOWN	(If outside core	orate limits,	write RUI	L and give township)
	tay in Baltimore		Yrs. Mos. Days	11	nns Falls	Parkwa	-	
Male	6.COLOR OR RACE	7. SINGLE WIDOW Sing	MARRIED. ED, DIVORCED (Specify)	July 4,189	9. AGE (1) last bir	n years If the thday) Mont	nder   Year   H	Under 24 Hours ours Min.
ork done during most o	CUPATION (Give kind of of working life, even if retired) Dept. Nati	108, KIND	OF BUSINESS OR	11. BIRTHPLACE (S Md • 14. MOTHER'S MAI	tate or foreign countr	y)   1	2. CITIZEN WHAT C	OF COUNTRY?
	rick Blank			Josephine		en		
15. WAS DECEASE Yes, no or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	a M.Blank		dress Gwynns	Fall
(This does heart failu injury or DISEASES RISE TO TUNDERLY)	SE OR CONDITION LEADING TO DEA' not mean the mode of the complication which complication condition the complication condition the complication condition the complication condition the complication of the complication condition the complication condition the complication condition the complication condition condition conditions are conditionally conditions.	I'H  of dying, e. g  ns the disease caused death.  BES  F ANY, GIVIN STATING TH  ST.  TIONS CON NOT RELATE	(B)	Epileys eptic ada	y K zerebra	Panozi		10yrs
	F OPERATION		FINDINGS OF OPER	ATION			20. AU	
	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE D		ore City, giv	YES ve exact loc	ation)
INJURY	(Month) (Day) (Year)	m.	VHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?			
22. I hereb	live on 16 V.Y	ended the		red at 3 ft. m.,	from the causes	and on the	date stat	cd above.
24A. BURIAL. (STION, REMOVAL (S	CREMA- 24B. DATE Specify) 11-12-		M.D. PAC. NAME OF CEMETE HOLY Cros	RY OR CREMATORY		City, town, o		(State)
DATE RECEIVE	D BY   REGISTRAR	S SIGNATU	RE	25. FUNERAL DIRE	ECTOR	אר זאר ליו	ADDRESS	WO.

Al Waterson 2635 6 F PAHURY Short a Stotyphone

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)6	2 10263		EALTH DEPARTMENT		10263
	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED PAC	EA. ITU	64	2. DATE OF DEATH NOV	8. 195×
A.	PLACE OF DEATH.  Baltimore City, Maryland		4. VSUAL RESIDENCE (W		tution: residence before admission)
H	FULL NAME OF (If not in hospital or in OSPITAL OR ISTITUTION	nstitution, give street address or location)		outside corporate limits	
Ų,	1411 DE	P / LACE Yrs.	70 4	y o R C Y	township)
2	Length of stay in Baltimore	/ Mos.	1411 Nup.	ER /ZAC	E
15	EMALE White y	NGLE, MARRIED, MOWED, DIVORCED (Specify)	NOVYS- 1897	9. AGE (In years If Under last birthday) Months	1 Year Hours Hours Min.
10	A USUAL OCCUPATION (Give kind of 10B. k deind during most of working his even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fo		CITIZEN OF WHAT COUNTRY?
13	JRANA M 170E	+2-	14 MOTHER'S MAIDEN, N	Eitrich	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of serv	CES? 16. SOCIAL vice) SECURITY NO.	Z WFORMANT	ADDE	ess ()
	770		100ER 6.10	by 1411/c	PER/INE
	DISEASE OR CONDITION DIREC		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH About
	LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	R. e. g (A) Hyper	tensive Cardiovas	ular Disease	5 Years
	injury or complication which caused	death.) DUE TO			about
7	ANTECEDENT CAUSES	(B) Diab	etes Mellitus		5 years
ATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING	***************************************	***************************************	***************************************
ICA	ONDERETING CONDITION EAST,	(C)			••••••
RTIF	OTHER SIGNIFICANT CONDITIONS	S CON-			
CEF	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			***************************************
7	19A. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA	21A. ACCIDENT WAS UNDER.   21s	B. PLACE OF INJURY (e.g., i		f in Baltimore City, give	exact location)
ME	CAUSE OF DEATH	t home, farm, factory, street, office bldg.,	eto.) INJURY OCCUR?		
	D. TIME (Month) (Day) (Year) (Hour INJURY	2 1E. INJURY OCCURR WHILE AT NOT WHILE		OCCUR?	
		m.   WORK L AT WORK		- 0 4050 11	
	22. I hereby certify that I attended deceased alive on Oct 27, 195			r. 8, , 1952, the causes and on the d	
	23A. SIGNATURE	2	38. ADDRESS		BC. DATE SIGNED
2/	BURIAL, CRAMA- 248. DATE		516 Cathedral St.	CATION (City, town, or c	11/10/52 ounty) / (State)
べ	on Removal (Specify)	V Celal	fixe A	.A. Co	me.
D.	ATE RECEIVED BY REGISTRAR'S SIG	NATURE M.P.	25 FUNERAL DIRECTOR	3.M. Was	DRESS
Ī	VS 150		D. M.	De 1.	DAX
		1 9 5 2 0	1704 X	years	210



	60 1026	1	BALTIMORE CITY HI CERTIFICAT		Regi	52 10 stered No	264
1. (T)	NAME OF D	ECEASED	Dora E.Ader		2. DATE OF DEATH	Nov.9/52	
Α.	PLACE OF D Baltimore	City, Maryland 32	228 E.Balto. St.	A. STATE	NCE (Where deceased B. COI	d lived. If institution: UNTY befor	residence re admission)
HC	FULL NAME DSPITAL OR STITUTION	OF (If not in hospital	al or institution, give street address or location)	3228 E.Baltc. CITY OR TOWN	(If outside to po	rite limits write POF	RAL and give township
c.	Length of s	tay in Baltimore	Yrs. Mos. Days	3228 E.Balt	o St		
5.	Female	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WICOW		78	Months Days	
10. work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Balto. Md.	ate or foreign country		COUNTRY
13	. FATHER'S I	NAME	Steigerwald	14. MOTHER'S MAI			E STEEL
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?   16. SOCIAL	17. INFORMANT Mr.Chas.D.A	der 1225 Rus	ADDRESS tie Ave.	3
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEAT s not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH of dying, e. g., ns the disease, caused death.)  DUE TO  SES  (B)  (B)	of DEATH	Hundosi		AL BETWEEN AND CEATH
CERTIF	TRIBUTIN	II  BIGNIFICANT CONDI  G TO THE DEATH, BUT  DISEASE OR CONDITION	NOT RELATED				
	19a. DATE	OF OPERATION 0 1	98. MAJOR FINDINGS OF OPE	RATION		20. A	NO NO
MEDICAL	21A. ACCII LYING 0 CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e.g., about home, farm, factory, etreet, office bldg.	in or 21c, WHERE DI etc.) INJURY OCCUP	D (If in Baltimo	ore City, give exact l	ocation)
	F INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE M. WORK AT WORK		INJURY OCCUR?		
		live on Nors	tended the deceased from, 19, and that death occu	23B. ADDRESS	from the causes		ated above
2.4 TIC	4A. BURIAL. ON, REMOVAL (	CAEMA- 24B. DATE Specify)	24c. NAME OF CEMET		24b. LOCATION (C	4.6	(State)

Burial ADDRESS 25 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE, 2024 Orleans St

1. 1 3 (4.00) CR .NULSE, E TREES ALL STEEL of .offess. The Margaret Sally confidence and need to establish eld watter A STATE OF THE STA

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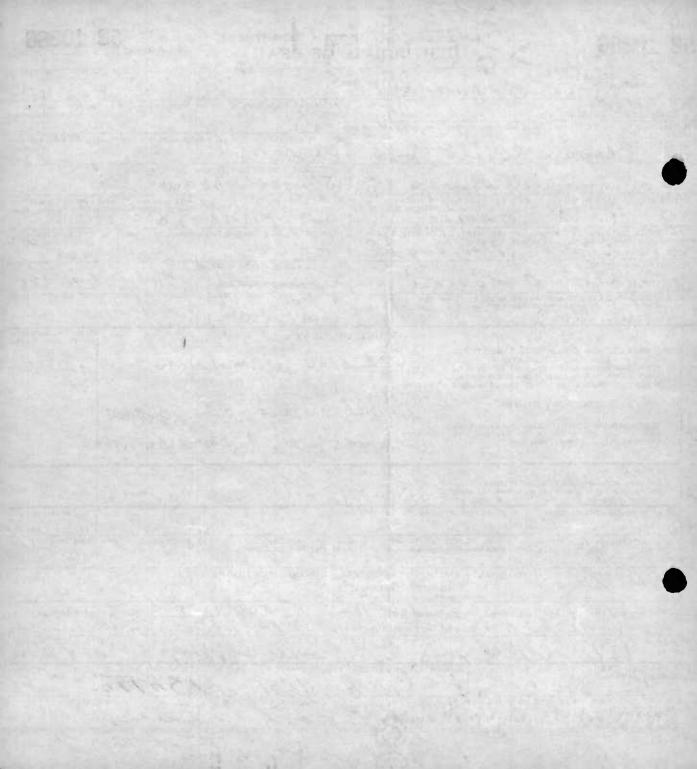
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	CERTI	FICE	IL	OF	DEATH	
	CEDTI	FICA	TE	OF	DEATH	
BA	LTIMORE	CITY	HEA	LTH	DEPARTM	EN

2.10265 CERTIFICATI		10/30/3
1. NAME OF DECEASED (Type or Print)	1/. 0C 18(10) 2. DATE 0F 14/0/	(->
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If instit	tution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		
Whiteling wasp yrs.	D. STREET ADDRESS (If rural, give location)	township)
E. Length of stay in Baltimore Days	Cla Fredrick Road	2
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years last birthday)  Months	
10A. USUAL OCCUPATION (Givekindof ork done during most of working life, even if retired)  HOME  10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL  ACCURITY NO.	17. INFORMANT ADDR	ESS No. Ma
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (G)	mal Vascular accident	A Jays
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, at reet, office bidg., e		exact location)
FINJURY  (Month) (Day) (Year) (Hour)  (The state of the s	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from deceased alive on 11,0,1925, and that death occur		at I last saw the
23A. SIGNATURE B Mith, Ja. M. D.	BB. ADDRESS Dato	OC. DATE SIGNED
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify) How. 11, 1952 MT. VIC	RY DR CREMATORY 24D. LOCATION (City, town, or ex	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	DRESS

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5	2	1	02	186	)
Bi	RTH	I N	0.		
1.	NA	ME	OF	DEC	E

10286		CERTIFICATI	E OF DEATH	Registered	32 1U266
NO.		CERTII ICATI	L OI DEATH		
	D'ROU	RKE		2. DATE. OF DEATH	-8-56
ACE OF DEATH: ltimore City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. CQUNTY	If institution: residence before admission)
ITAL OR	ital or institution	on, give street address or location)		If outside corporate lin	nits, write RURAL and give
FRANKLIN S	QUAR	E HOSP	PUSHDENA	1	township)
ngth of stay in Baltimore	unica	Yrs. Mos. Dave		A	
	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
SUAL OCCUPATION (Give kindo	fi 108, KIND				12. CITIZEN OF
eduring most of working life, exemif retired	As.	Sug BK.	MU		WHAT COUNTRY
THER'S NAME	0	Resiner	14. MOTHER'S MAIDEN	NAME	11
			United .	MARY	MANNES
or unknown) (If yes, give war or dat	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1.	ADDRESS
443X		CAUSE			INTERVAL BETWEEN
					ONSET AND DEATH
(This does not mean the mode	of dying, e. g.	, (A) CERE	BRAL Item.	mutage.	121485
injury or complication which	caused death.	) DUE TO			
ANTECEDENT CAU	SES				
		11 00	1 consume a	11 1.00	
DISEASES OR CONDITIONS,	IF ANY, GIVING	(B) HYPEA	LTENSIVE C	.W. DISEA	પ <b>્</b>
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING THE	3			
RISE TO THE ABOVE CAUSE (A)	STATING THE	3	entures Aux		
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	) STATING THI AST.	C) CEN			
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L  II OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	OSTATING THE	CO SPANIAT			
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L  II  OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	O STATING THE AST. DITIONS CON NOT RELATED N CAUSING IT	CO SPANIAT	y		
OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION A. DATE OF OPERATION	O STATING THE AST. DITIONS CON NOT RELATED N CAUSING IT 19B. MAJOR	SENILIT	Y ATION	ERISCLEROS	20, AUTOPSY? YES NO
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OTHER SIGNIFICANT CONDITION L.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION A. DATE OF OPERATION  IA. ACCIDENT WAS UNDER. YING OF CONTRIBUTING AUSE OF DEATH  D. TIME (Month) (Day) (Year INJURY)	DITIONS CON NOT RELATED NOT RE	FINDINGS OF OPER  CE OF INJURY (e. g., in the factory, street, office bidg., etc. INJURY OCCURRING AT WORK	ATION  DOT 21C. WHERE DID INJURY OCCUR?  ED 21F. HOW DID INJU	(If in Baltimore City RY OCCUR?	20. AUTOPSY? YES NO No.
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OTHER SIGNIFICANT CONDITION L  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION  A. DATE OF OPERATION  II ACCIDENT WAS UNDER. (YING OR CONTRIBUTING AUSE OF DEATH  D. TIME (Month) (Day) (Year INJURY)  II. I hereby certify that I at ceased alive on A. SIGNATURE  BURING, CRIMA- 24B, DATE  BURING, CRIMA- 24B, DATE  RECEIVED BY REGISTRAR	21B. PLA about home, fe	FINDINGS OF OPER  CE OF INJURY (e.g., in the control of the contro	EN FLIZE, ALLE MATION  DOT 21C. WHERE DID INJURY OCCUR?  ED 21F. HOW DID INJU  THE ALLE FM., from  13E. ADDRESS  JANKL F	(If in Baltimore City  RY OCCUR?  the causes and on  LOCATION (City, tow	20, AUTOPSY? YES NO
OTHER SIGNIFICANT CONDITION L  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION  A. DATE OF OPERATION  II ACCIDENT WAS UNDER. (YING OR CONTRIBUTING AUSE OF DEATH  D. TIME (Month) (Day) (Year INJURY)  II. I hereby certify that I at ceased alive on A. SIGNATURE  BURING, CRIMA- 24B, DATE  BURING, CRIMA- 24B, DATE  RECEIVED BY REGISTRAR	DITIONS CON NOT RELATER N CAUSING IT 19B. MAJOR  21B. PLA: about home, fe  tended the control of	FINDINGS OF OPER  CE OF INJURY (e.g., in the control of the contro	ATION  DOT 21C. WHERE DID INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  Fred at 11 \$1 pm., from 13B. ADDRESS FOR CREMATORY 24D.	(If in Baltimore City  RY OCCUR?  the causes and on  LOCATION (City, tow	20. AUTOPSY? YES NO A , give exact location)  24. that I last saw the the date stated above. 25. DATE SIGNED (n. or county) (State)
	SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during most of yorking life examifretired Landers)  SUAL OCCUPATION (Give kindo during life examif	or Print)  ACE OF DEATH:  Itimore City, Maryland  L NAME OF (If not in hospital or institution of the control o	ACE OF DEATH:  Itimore City, Maryland  L. NAME OF (If not in hospital or institution, give street address or location)  ITAL OR  TUTION  RANGLAN SQUARE  Yrs.  Mos.  Days  G. COLOR OR RACE  O' SINGLE. MARRIED.  WIDOWED, DIVORCED (Specify)  A ALLE  SUAL OCCUPATION (Givekindof during most of yorking life, number fretired)  SUAL OCCUPATION (Givekindof life, number fretired)  A ALLE  STHER'S NAME  CHAPL  O' ROUTE  (If yos, give war or dates of service)  SIDECEASED EVER IN U. S. ARMED FORCES?  O' unknown)  (If yos, give war or dates of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	ACE OF DEATH:   Itimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. A. STATE BLACK B. COUNTY  A. STATE B. COUNTY  C. CITY OR TOWN (If outside corporate line by the control of the composition of the county of

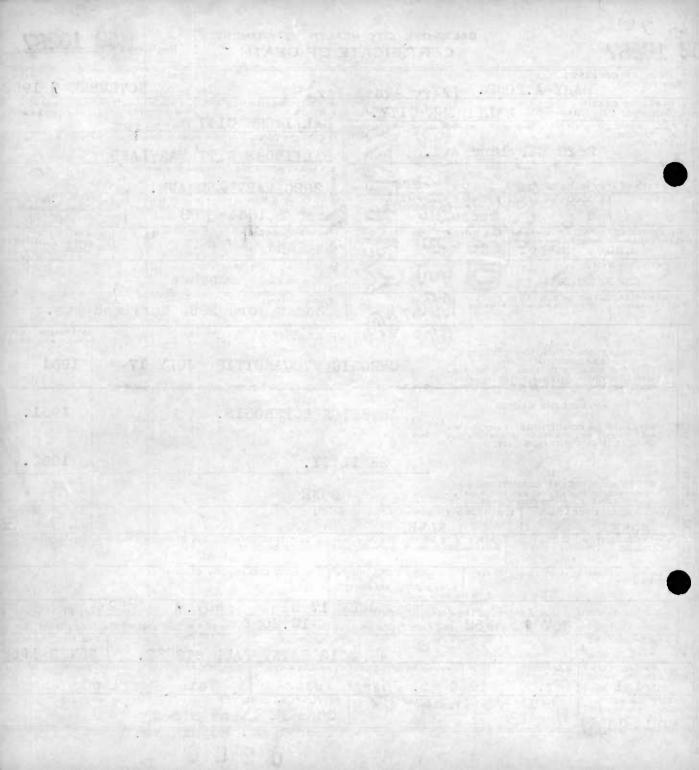


630
BIRTH NO.
(Type or Print)
A. Baltimore C
B. FULL NAME

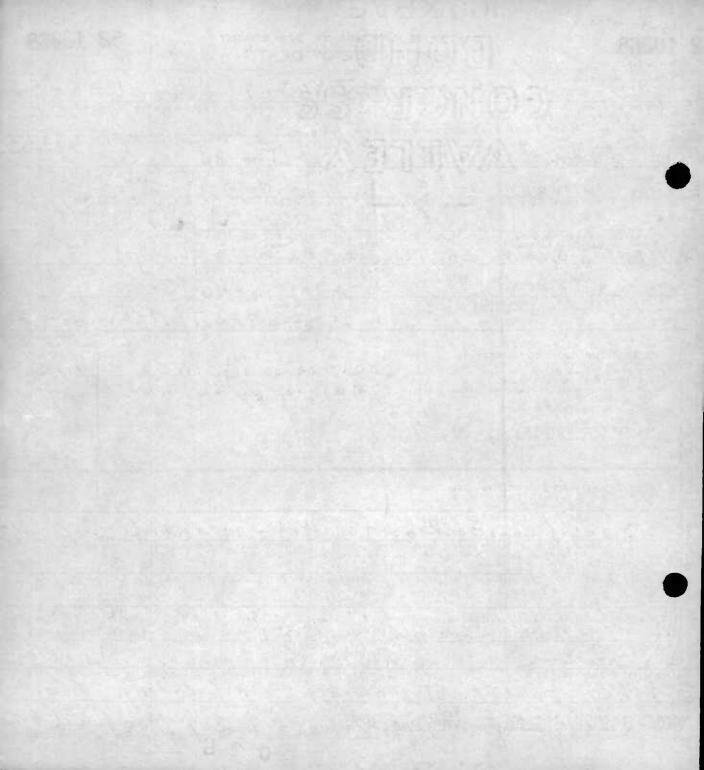
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 10267

1. (T	NAME OF I			תח	4		2. DATE OF MOTI	MRED 9 1059	
	PLACE OF I		A.FC	RD.	Mary Agnes	Ford)	OF NOVI	institution: residence	
A.	Baltimore	City, Mary			ORE CITY.	A. STATE	B. COUNTY	before admission)	
B.	FULL NAME	OF (If no	ot in hospita	al or institu	tion, give street address o		THE CALL OF THE CALL OF	ts, write RURAL and give	
IN	STITUTION	2820	Mary	Pand .		C. CITT OR TOWN		township)	
0		0000	mary.	Lana.	Yrs.		CITY MARYLANI	2 16	
	Length of				4 years Mos.	2820 MAR	YLAND AVE.	1-00	
5.	F	6. COLOR	OR RACE	7. SINGL WIDOV WIOO	E. MARRIED, VED, DIVORCED (Specify W	March 8,18	last hirthday) M	il Under I Year on the Days Hours Min.	
	A. USUAL Oc. done during most		ven if retired)		of Business or INDUSTR		tate or foreign country)	12. CITIZEN OF	
13	. FATHER'S	NAME s Scot	t				14. MOTHER'S MAIDEN NAME Alice Donahue		
15 (Yes	. WAS DECEASED OF UNKNOWN	ED EVER IN I	U, S. ARMED e war or dates	FORCES? of service)	16, SOCIAL NOTION NO.	17. INFORMANT Thomas Fo	rd 2820 Maryla	and Ave.	
	18. 42:	2.1			CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					1951			
		r complicatio							
		ANTECEDE	ENT CAUS	ES	ADMER	TAP SCIEDOS	212	1951.	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
F	RISE TO	THE ABOVE O	DITION LA	STATING T	HE DUE TO				
ERTIFICATION					SENI	LITY.		1950.	
TF			11		(C)				
CER	TRIBUTIN	SIGNIFICAN NG TO THE DI DISEASE OR	EATH, BUT	NOT RELAT	TED .	NONE			
	19A, DATE	OF OPERAT	ION 0 1	9B. MAJOF	FINDINGS OF OPE	RATION		20. AUTOPSY?	
A	NONI			1 01 01	NONE	in or 21c. WHERE D	ID (If in Baltimore City,	YES NO X	
MEDICAL	HOMICIDE	ENT, SUICE (Specify)	DE,	about home	ACE OF INJURY (e. g., farm, factory, street, office bidg			give cract location,	
2	21D. TIME	(Month) (D	ay) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
				m.	WHILE AT WORK AT WORK				
	22. I here	by certify	that I att	ended the	e deceased from JU	LY 17 51 <sub>19</sub>	, to NOV. 8 , 195	2, that I last saw the	
	deceased	alive on No	OV 18	19 52	and that death occ	urred at 12.20m.	from the causes and on	the date stated above.	
	234 SIGN	TURE	Otal	mil	4	23B. ADDRESS		23c. DATE SIGNED	
	u	es	al	were	Ш. м. D.	3013 SAINT	PAUL STREET. 24D. LOCATION (City, town	NOV 8 1952	
71 TI	AA. BURIAL, ON REMOVAL Burial	No	B. DATE	. 195	2 St. Josep		Texas Mary.		
	ATE RECEIV	TRAR RE	GISTRAR	SISTGNAT	Misselle My	25. FUNERAL DIR	ector Vans & Son	ADDRESS	
=	HOY 10	1053		3			. Royal Ave.		
1	VS 150	-							



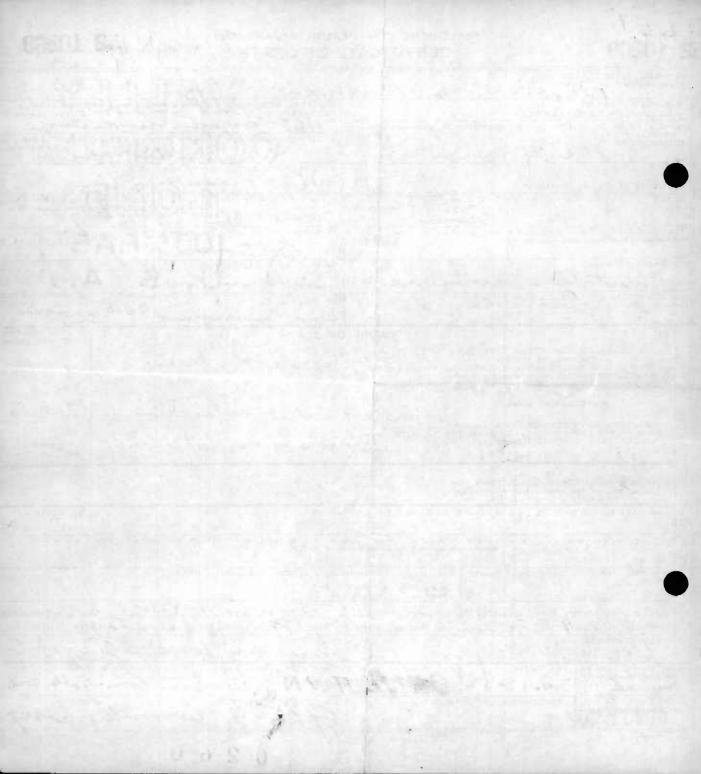
3 1	10268		E OF DEATH	Registered No.	10068
	TH NO.	CENTII ICAT	E OI DEATH		
	AME OF DECEASED & L	FFORd	TRUSTY	2. DATE OF DEATH	8-52
	LACE OF DEATH: altimore City, Maryland	will be stated by	4. USUAL RESIDENCE (Who	ere deceased lived. If insti- B. COUNTY	tution: residence before admission)
B. F		nstitution, give street address of location		itside corporate am's, wr	- And
	TITUTION 1722 N. V	VOLFE ST.	BAILMARE	reside corporate inness, wr	it RURAL and give
		Yrs.	D. STREET ADDRESS (If ru	ral, give location)	
c. 1.	ength of stay in Baltimore	Lite Mos. Days		te 5t	
5.5		INGLE, MARRIED, IDOWED, DIVORCED (Specify		9. AGE (In years   1 Under last birthday)   Months	
10A. work d	USUAL OCCUPATION (Give kind of 10B. one during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore		CITIZEN OF WHAT COUNTRY?
13	R SWTCh OPERIAR FATHER'S NAME	EHEMICAL, CO	8 H/2 10; M	9	
13.1	TRUST	(m)	14. MOTHER'S MAIDEN NAM	0 1	
15.	NAS DECEASED EVER IN U. S. ARMED FOR	CES?   16. SOCIAL	17. INFORMANT	ADDR	FCC .
(Yes, I	o or unknown) (If yes, give war or dates of ser	vice) SECURITY NO.	BARBARA TRUS	TY 1722 N	Wolfe ST
1	3. 156.1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY		1	1)
	LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e.g., (A) O.R disease,	LOMAO	IIVCR	VNK.
	injury or complication which caused	death.) DUE TO	alyin vniks	NUNN	
7	ANTECEDENT CAUSES	(B)			
9	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI	GIVING	***************************************	•••••••••••••••••••••••••••••••••••••••	***************************************
CATION	UNDERLYING CONDITION LAST.	(C)		•••••	***************************************
II -	П				
ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F	S CON-			
U	9A. DATE OF OPERATION ( 198. M	ING IT.	RATION , 1		20. AUTOPSY?
AL	1310 psy 10 has	HOPKINS HO		Above	YES NO
		B. PLACE OF INJURY (e. g., t home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour	r) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
	INJURY	m. WHILE AT NOT WHILE			
	hereby certify that I attende		). 2 , 19 2, to 11	-8 , 195°2, th	at I last saw the
	deceased alive on 11-4, 19				
13	23A. SIGNATURE	1500 EAST MA	WNE, M.D.		1. IV .52
24A	. BURIAL, CREMA- 24B. DATE REMOVAL (Specify)	24c. NAME OF CEMETI	VARV A. D	COUNTY	ounty) (State)
DAT	E RECEIVED BY   REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR		DRESS
LOC	OVPEGET9992 Hunting	on Missius, My	people & Locks.	K 1304 n.	Central are
	VS 150	6.90	1421025	/ 9	
		9/9	42//		



BALTIMORE CITY HEALTH DEPARTMENT Registered \$2 10269 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) AUERNEIEND DEATH 4. USUAL RESIDENCE (Where deceased lived Minstigution: residence A. STATE Before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland 4630 magnolia ane. Walethoske B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location)/ Mos. mag Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) If Under 1 Year If Under 24 Hours Months Days Hours Min. last birthday) nina 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 1B. 420.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK 11-8-52 19 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 18-8-52, 19 and that death occurred at 6 5 m., from the causes and on the date stated above. 23A, SIGNATURE DDRESS 239. 23c. DATE SIGNED 24A. BURIAL, CREMA-LOCATION (City, town, or county) TION, REMOVAL (Specify) Cores Balto, mid Dunal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

vs 150

LOGAL REGISTRAR



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10270

1. NAME OF DECEASE (Type or Print)	= [

A. Baltimore City, Maryland

3. PLACE OF DEATH:

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

OSCAR PHILLIP CUNNINGHAM

DEATH NOV. 9,1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

B. COUNTY , before admission)

(If not in hospital or institution, give street address or

C. CITY OR TOWN Baltimore

A. STATE Maryland 11 m 910 (If outside corporate limits, write RURAL and give township)

St. Joseph's Hospital

Yrs. Mos. yrs.

D. STREET ADDRESS (If rural, give location)

ngth of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED,

513 Riverside Drive - 21 B. DATE OF BIRTH 9. AGE (in years | Under | Year

WIDOWED, DIVORCED (Specify) White Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

11. BIRTHPLACE (State or foreign country)

last birthday) Months: Days Hours Min. 12. CITIZEN OF

oduring most of working life, even if retired) assenter

INDUSTRY

West Virginia 14. MOTHER'S MAIDEN NAME

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown)

16. SOCIAL 17. INFORMAN SECURITY NO.

ADDRESS abor

18. DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DUE TO

LEADING TO DEATH (This does not mean the mode of dying, e.g.,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

19A. DATE OF OPERATION

YES X

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT

about home, farm, factory, street, office bldg., etc.)

21F, HOW DID INJURY OCCUR?

23A. SIGNATURE

M. D.

AT WORK

22. I hereby certify that I attended the deceased from Oct. 20th, 1952, to Nov. 9th, 1952, that I last saw the deceased alive on Nov. 9th 1952, and that death occurred at 7:45p m., from the causes and on the date stated above. 23n. ADDRESS 23c. DATE SIGNED 1400 N. Caroline Street - 13 Nov.9,1952

24A. BURIAL, CREMA-TION REMOVAL (Specify) ourse

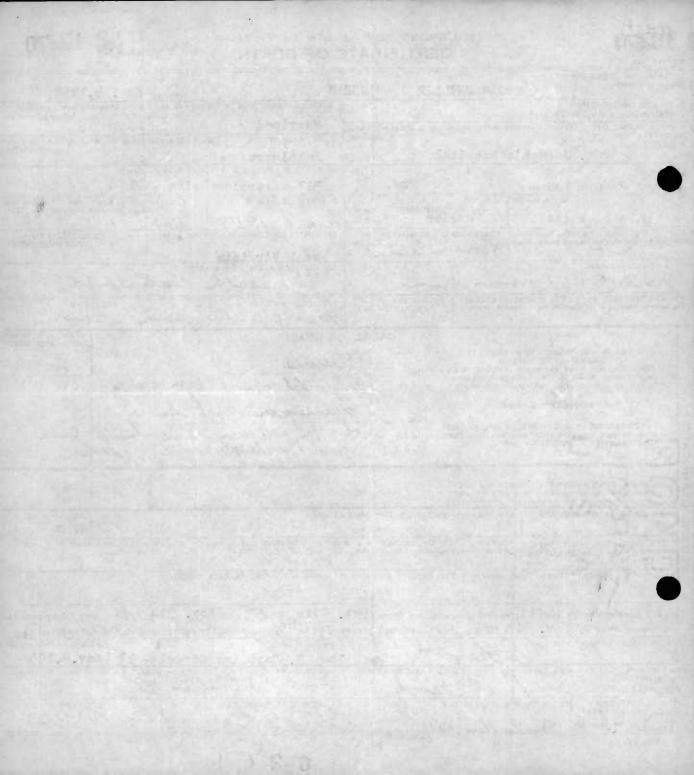
Castern au. ONERAL DIRECTOR

24c/NAME OF CEMETERY OR CREMATORY | 240 LOCATION (City, town, or county) APPRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

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Registered No.	1 1 1 1 7 1
The state of the s	LUGIL
registered No	

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BI	RTH	N	0.	
			-	

13. FATHER'S NAME

1143X

(Yes, no or unknown)

RTIFICATION

CERTIFICATE OF DEATH

BIKTIT NO:		
I. NAME OF DECEASED (Type or Print)  Jennie B. Uhlich		2. DATE OF DEATH II-8-52
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE  Maryland	(Where deceased lived, If institution; residence B. COUNTY, before admission)
INSTITUTION	C. CITY OR TOWN	(If outside corporate limits, write RURAL and give township)
Home For Incurables Yrs.	Baltimore D. STREET ADDRESS	(If wowel give leastion)
IFS.	D. SIREEI ADDRESS	(11 1 ural, give location)

8. DATE OF BIRTH

I870

Feb. 28.

17. INFORMANT

Mary E. Jones

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

c. Length of stay in Baltimore 6. COLOR OR RACE

(If yes, give war or dates of service)

Mos. Days

7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)

Female White 10A, USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR INDUSTRY work done during most of working life, even if retired) Housewife

At Home

16. SOCIAL SECURITY NO.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

11

Erskine Hoyt

LEADING TO DEATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

IO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE ! AT WORK WORK howell

22. I hereby certify that I attended the deceased from. 1952, and that death occurred at 8 35 pm., from the causes and on the date stated above. deceased alive on lur. 8 23A. SIGNATURE 23B. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 2.C. NAME OF CEMETERY OR CREMATORY

Cremation Greenmount DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

T300 Aintree Rd

9. AGE (In years | If Under I Year | If Under 24 Hours | Last birthday) | Months | Days | Hoars | Min. 11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? DeKalb. Illinois

14. MOTHER'S MAIDEN NAME Mary Badger

> ADDRESS INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY YES (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

, 1949 to wor. 8, 1952, that I last saw the 23c. DATE SIGNED 24D. LOCATION (City, town, or county)

> Oliver Greenmount &

VS 150

TO THE REPORT OF THE PARTY OF T

BIRTH NO.	CERTIFICA	TE OF DEATH Registered No. 102/2
1. NAME OF DECEASED		2. DATE OF TT A FO
<u> </u>	lorence M. Sloffer	DEATH 11-8-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR	al or institution, give street addres	
INCTITUTION		on) c. CITY OR TOWN (If outside corporate limits, write RVRAL and give township)
1321	L Eutaw Pl.	Raltimore
	Y: Mo	
c. Length of stay in Baltimore	Da	ays   I52I Eutaw Place
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (In years     Under   Year     Under 24 Hours   Cify)   Months; Days   Hours; Min.
Female White	Widow	May 8. I866 86
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Housewife	At Home	Baltimore, Maryland. WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Henry Myers		Amelia Gaugh
15. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	
Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO	D.
18. 443×		Viola G. Sloffer I52I Eutaw Place.
DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which cs  ANTECEDENT CAUSI DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	I'd dying, e. g., (A)	results pummera 4 days Adiai Decrupementor 6 hoss Steurin Cardio Haculan Anterircheris Years
OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION	NOT RELATED	drof Newschare 10 years
	B. MAJOR FINDINGS OF O	PERATION 20. AUTOPSY7
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. about home, farm, factory, street, office bl	g., in or 21c. WHERE DID (If in Baltimore City, give exact location) dg., etc.) INJURY OCCUR?
TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCU	
22. I hereby certify that Latte deceased alive on	ended the deceased from a	curred at 84 pm., from the causes and on the date stated above.
23A. SIGNATURE	esun M. D.	238. ADDRESS 23C. DATE SIGNED 10 10 10 52
24A. BUDAL. CREMA- TION, REMOVAL (Specify) Burial II-II-		TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Pikesville, Md.
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR Huntin	ston Williams He	25. FUNERAL DIRECTOR ADDRESS MILLIAM GOOK M. (217 St. Paul St.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10273 Registered No.

1. NAME OF DECEASED HOLEN Palmon Holl	2. DATE OF DEATH 11/6/1952
s. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
INSTITUTION, 529 MORILLON	c. CITY OR TOWN (If outside corporate funity, write Rotan L and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	1629 Mª CU/10/1 OV
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years If Under I Year If Under 24 Hours Min.  Sept. 9.1913  9. AGE (In years If Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.
DONN JONES	Magie Thanks
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL Kes, no nr nnknnwn) (If yes, give war or dates nf service)   SECURITY NO.	17. INFORMANT /// ADDRESS
No	LPS/12 Holland 152991 Culland
1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mana I fin 14
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
, vacan	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
1 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about hume, farm, factory, street, uffice bldg.,	
p. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ZED 21F, HOW DID INJURY OCCUR?
INJURY  white at not white at work at work	
22. I hereby certify that I attended the deceased from	1952 to // , 1952 that I last saw the
deceased alive on 10 - 3 919 32 and that death occur	
23A. SIGNATURE TWELL ON D. M. D.	23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED
	RY OB CREMATORY 240. VOCATION (City, town, or county) (State)
DATE RECEIVED BY PRECISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR
MOVE 95 1932 Huntington Williams, M.J.	Mrs. Kathe RMillians M. Saproralis La
VS 150	
952001	0 0 4 4

MITAGE STREET SEE

5/A BI	350 2 1027	4		TIMORE CITY H			Registered		10274
41.	NAME OF DE	CEASED LERC	Y 00	EN			2. DATE OF DEATH	17/3	72
B.	PLACE OF DE Baltimore C FULL NAME C OSPITAL OR ISTITUTION	ity, Maryland		on, give street address o location	C. CITY OR TOWN	N (If ou	ere deceased lived.  B. COUNTY  atside corporat lin		ution: residence before admission) tuRUBL and give township)
		ay in Baltimore		Yrs. Mos. Days	625		ral, give location)		
I C	A. USUAL OCC		WIDOWI	MARRIED (Specify OF BUSINESS OR INDUSTRY	UNR 34	(State or fore	ign country)	Months	Veer Hours Hours Min.  CITIZEN OF WHAT COUNTRY?
15 (Ye	WAS DECEASED	D EVER IN U. S. ARMED (If you, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Won		ADDRE	ESS
FICATION	DISEASES  (This does heart failurinjury or of the control of the c	E OR CONDITION ILEADING TO DEAT not mean the mode of e, asthenia, etc. It mean complication which complication will be above cause (a) ING CONDITION LA	H ( dying, e. g. as the disease aused death.  ES  ANY, GIVING STATING THI	(A) Mass			Yemon hag Losis	C	one day ?
CERTI	TRIBUTING TO THE DIS	GNIFICANT CONDITO TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED		RATION				20. AUTOPSY?
MEDICAL	LYING OR CAUSE OF		about home, fa	CE OF INJURY (e. g., rm,factory,street,office bldg.	etc.) INJURY OCCI	UR?	in Baltimore City	, give e	exact location)
(	ID. TIME (I	Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK		D INJURY (	OCCUR?		
		certify that I att		deceased from 1					at I last saw the stated above.

M. D.

23B. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-248. DATE 249 NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE

240 LOCATION (City, town, or county) (State)

VS 150

23A. SIGNATURE

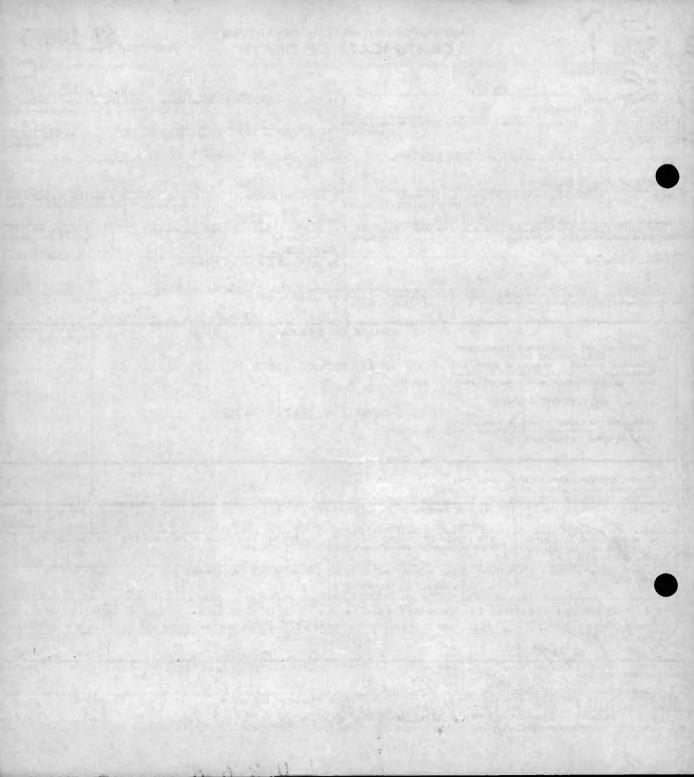
6 20 2 10275 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10275

BIRTH NO.	TE OF BEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
Briggs, Mamie	OF DEATH NOV. 8, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address locatic INSTITUTION	or Maryland on) c. CITY OR TOWN (If outside corporate limits, write RURL) and give
St. Joseph's Hospital	Baltimore 17 township
Yrs	s. D. STREET ADDRESS (If rural, give location)
c. ogth of stay in Baltimore	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under I Year   If Under 24 Hour
Female Colored Married (Speci	Aug. 27, 1885 [ast birthday] Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Hwfe.	Maryland What Country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Allen	ANNIA BROWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	7 INFORMANT ADDRESS
Ma Stadill No	The Charles Briggs 1802 MMmor St.
18. 420.1 CAUSE	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	, ottoer and bearing
(This does not mean the mode of dying, e.g., (A)Coron	nary occlusion
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	stive heart failure
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION   20. AUTOPSY?
Oct. 23. 1952   Severe Postoperati	ve adhesions
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g	(a, in or 21C, WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
m. WHILE AT NOT WHI	к 🔲
22. I hereby certify that I attended the deceased from OC	t. 19 , 1952, to Nov. 8 , 19 52 that I last saw th
	curred at 1:25 Pm., from the causes and on the date stated above
234 SIGNATURE	23B, ADDRESS 23c. DATE SIGNED
M.D.	1100 N. Caroline St.   Nov. 8, 152
24A. BURIAL, CREMA- 24B. DATE 24C NAME/OF GEME	TERY OR CREMATORY 249 LOCATION (City, town, or county) (State)
Zuhand 1/12/62 7/1/1/1/16	TUSM Om Ballo. Alla.
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 327
LOCAL DEGOCACION / LAST AS AS AS ASSESSED.	The Not Differ Selection

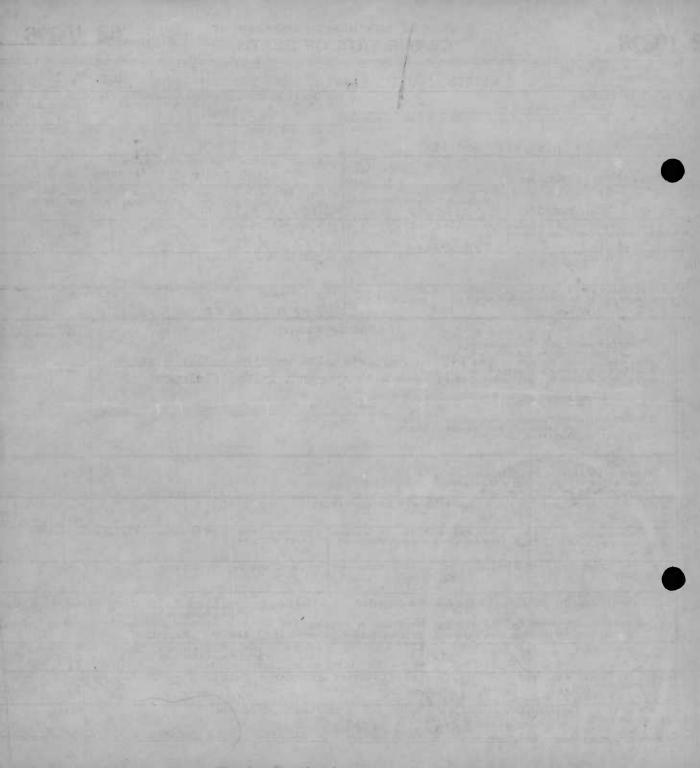
VS 150



## BALTIMORE CITY HEALTH DEPARTMENT

gistered \$2 10276

BIRTH NO.			EKIIFI	CATE	OF DEAT			104 110		
I. NAME OF D (Type or Print)	ECEASED	DAVID	LUCIUS	MANA	TEE		2. DATE OF DEATH	Nov.	7,	1952
3. PLACE OF D a. Baltimore ( B. FULL NAME	City, Maryland	tal or institutio	n, give street ac	idress or	4. USUAL RESID A. STATE MAI	ence (Who	ere deceased liv B. COUNT			residence ore admission)
HOSPITAL OR INSTITUTION		ity Hosp	1		c. CITY OR TOWN	(If or Ltimore	utside corporate	limits	RI	RAL and give township)
Cength of s	tay in Baltimore			Yrs. Mos. Days	D. STREET ADDR		ral, give location d Hill A			
s.sex male	6.COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED. D. DIYORCED	(Specify)	12/6/189	23	9. AGE (In year last hirthday	mars If Under	l Year Days	li Under 24 Hours Hours Min.
IOA. USUAL OC ork done during most of	CUPATION (Give kind of f yorking life, even if retired)	0 1	F BUSINESS	OR	AT/ZN	State or fore	ign country)	12.	CITIZ	EN OF COUNTRY?
13. FATHER'S N	.,				4. MOTHER'S MA	DEN NAM	1E			
Yes, no or unknown)	O EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURIT	Y NO.	Sarrett	Lee	1630 4	Oruna De	RESS	Pare.
(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU: SO OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e.g., ans the disease, caused death.) SES  F ANY, GIVING STATING THE	(B)	ith my	nsive cardi			ese		AND DEATH
TRIBUTING TO THE DI	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED CAUSING IT.			7101					
19A. DATE O	F OPERATION 1	98. MAJOR I	FINDINGS OF	OPERA	TION				YES YES	NO X
UNDERLYING	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, far	E OF INJURY m, factory, street, of	(e.g., in o	21c. WHERE E		in Baltimore (	City, give	exact 1	location)
F INJURY	Month) (Day) (Year)	WH		CCURRED T WHILE	21F. HOW DID	NJURY (	OCCUR?			
the cvi	y that I took char dence obtained by ath in my opinion	said Autop	sy, Inspection	on or In	quiry, find that $\square$ , accident $\square$ ,	Aûtopsy, Ins said dece suicide [	spection or Inc eased died o ], homicide	on the $d$ $\Box$ , unde	lay ste	ated above, $ncd \square$ .
24A. BURIAL. C	REMA- 24B. DATE	029	C. NAME OF S	M.D.	23B. CHIEF MI ASSISTANT MI MEDICAL INV		AMINER			
DATE RECEIVED	D BY REGISTRAR	S SIGNATUR	Jaklo	7.710	5. FUNERAL DIR		16.	A	DRESS	5 8 2 2 V

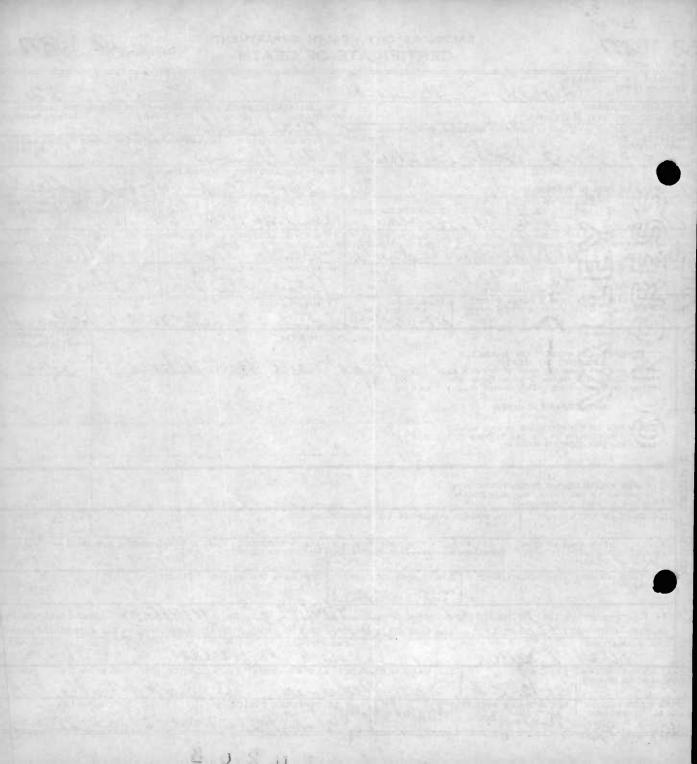


5 2 0 2 10277 BIRTH NO.

# CERTIFICATE OF DEATH

Registered 52 10277

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	J. Cha.
1. NAME OF DECEASED	n D		2. DATE	
(Type or Print) Edward C	. Bunch		DEATH //-	9-52
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	Where deceased lived, If ins B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution of the control	ition, give street address or location)	c. CITY OR TOWN (If	outside corporato limits, v	unite DIPAT and aive
25/9 East Hollin	and Street	Toutin m	Consider conport and the control of	township)
Of Cook 1	Yrs.	D. STREET ADDRESS (If	rural, give location)	01 1
c. Length of stay in Baltimore	Mos. Days	25/9 cas	t Hoffma	w street
	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	last hirt Kd (r) [Mont]	der i Year If Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OR	Opril 24 1885		
ork done during most of working life, even if retired)	INDUSTRY	the state of the	reign country)	WHAT COUNTRY?
13. FATHER'S NAME	1 · actue co.	14. MOTHER'S MAIDEN NA	AME	u.s.a.
Robert Bunch		Charlotte	Mr. Call	ister
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service)	16. SOCIAL	17. INFORMANT	ADE	RESS
	2/2-05-3904	William Bun	ch -2519 E.	Holfman St.
18. 443X	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	11	Jane Ilant		2.1
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the discr	g., (A)	Husies Heart	auseuse	345
injury or complication which caused dear	th.) DUE TO			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIV	(B)	***************************************	***************************************	***************************************
UNDERLYING CONDITION LAST.	(C)			
	``			
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING				
194. DATE OF OPERATION   198. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER-   21B. PL	ACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, give	YES NO L
	, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?	z m zazomoże otoj, g	c chact location,
TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
INJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that Leattended th	e deceased from	8/19/49, 19, to	11/9/5219	that I last saw the
deceased alive on 11/8/52, 19	· ·	red at 3:15 A·m., from the	he causes and on the	date stated above.
23A. SIGNATURE	2.	3B. ADDRESS	Ano	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	M. D.   24c. NAME OF CEMETER	RY OR CREMATORY   24D. LO	OCATION (City, town, or	county) (State),
TION REMOVAL (Specify)	Zholy Pen	remen 12.	lin Rd-B	alto mid
DATE RECEIVED BY REGISTRAR'S SIGNAT	MEL MARIE	25. FUNERAL DIRECTOR	O A	DDRESS
NOV 1 0 1052 Hurtington	LEGITATION P. 11.3	John C. Miller	Juc - 2435	E. Olevert
Vs 150	Cou &			
	2542	E1026	U	



12-	4	20	D'A	0
K	TO	G!	O	

52 10278

_	TACIO	CERTIFICAT	E OF DEATH R	egistered No
В	IRTH NO.	CERTIFICAT	E OF DEATH RO	8-20164 110
	NAME OF DECEASED		2. DAT	E
(.)	Type or Print) MR Jo	HN MILLER	OF DEA	TH 9 NOVEMBER 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where dece	
		al or institution, give street address or		BALTIMORE
IN	OSPITAL OR	location)	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and give
	429 Jo. No	DAINSON ST.	BALTIMORE	
4		Yrs.	D. STREET ADDRESS (If rural, give	
C.	Length of stay in Baltimore	67 Mos.	429 JO. KODINSON	ST.
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		(In years If Under I Year If Under 24 Hours irthday) Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign cou	ntry)   12. CITIZEN OF
WOL	k done during most of working life, even if retired)	INDUSTRY		WHAT COUNTRY?
1.5	CHAUFFER  B. FATHER'S NAME	TEXAS CO.	MARYLAND	VSA
1 ~	. FATHER'S NAME	geswire	14. MOTHER'S MAIDEN NAME	
	MR CARL M	ILLER Coping	MRS MINNIE	Schhverter
15 (Y)	5. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL Sof service) SECURITY NO.	17. INFORMANT	ADDRESS
,	// o	213-01-3845	WIFE 429 So	. ROBINSON ST.
	18. 4434 and 26		OF DEATH	INTERVAL BETWEEN
	77-7			ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEAT	TH 4176	RTENSINE CARDINVI	accular Dience
	(This does not mean the mode o heart failure, asthenia, etc. It mea	f dying, e.g., (A)	CIONSIVE CAN DIVI	73 - 6767 5731236
	injury or complication which c			
	ANTECEDENT CAUS	SES E-		
Z			ERALIZED ARTEXIO	sc/exosis
ATION	DISEASES OR CONDITIONS, IF			
Y	UNDERLYING CONDITION LA			
F		(c) AGE		
RTI	OTHER SIGNIFICANT CONDI	710116		
ш	TRIBUTING TO THE DEATH, BUT	NOT RELATED . DIA 3	ETES MELLITUS - M	1110
U	19A. DATE OF OPERATION 19	9B. MAJOR FINDINGS OF OPER	***************************************	20. AUTOPSY?
Y	1 1 1 1 0	N. N		YES NO X
O	21a. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e. s., i		imore City, give exact location)
EDICA	HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,		
Ξ	No	NONE		
	P. TIME (Month) (Day) (Year)			
	NONE	m. WHILE AT NOT WHILE	NONE	
	22. I hereby certify that I att	ended the deceased from A	PRIL , 1952, to 9 NOV	, 1952, that I last saw the
			rred at 8.40 p.m., from the cause	
	23A. SIGNATURE		23B. ADDRESS	23c. DATE SIGNED
	(Vinler 7.	Cumy M. D.	1722 E. monument	St 11/9/52
2	4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION	(City, town, or county) (State)
TI	Benoval (Specify)	52 846	of Class Farlow	ave Balto. Md.
D	700000	S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	OCAL REGISTRAR	L 11644	1-1 ( mill 12	2435 E. Olivers
_	MUN 10 7952 That	Ton Made M.	your . / neces ou.	47336, 000000
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52 10279 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, The RORAL and give INSTITUTION township' 02 D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Yaar If Under 24 Hours 9. AGF (In year WIDOWED DIVORCED (Specify) last birthda Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of BUSINESS OR 11. BIR THPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEMSED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. 420.1 CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

20. AUTOPSY 19A. DATE OF OPERATION 1 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

1952 and that death occurred at\_

AT WORK

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264. SIGNATURE 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 25. EUNERAL DIRECTOR DATE RECEIVED BY

22. I hereby certify that I attended the deceased from\_

D. TIME (Month) (Day) (Year) (Hour)

23CI DATE SIGNED 24D. LOCATION (City, town, or county) (State

/ A.m., from the causes and on the date stated above.

19 that I last saw the

21F. HOW DID INJURY OCCUR?

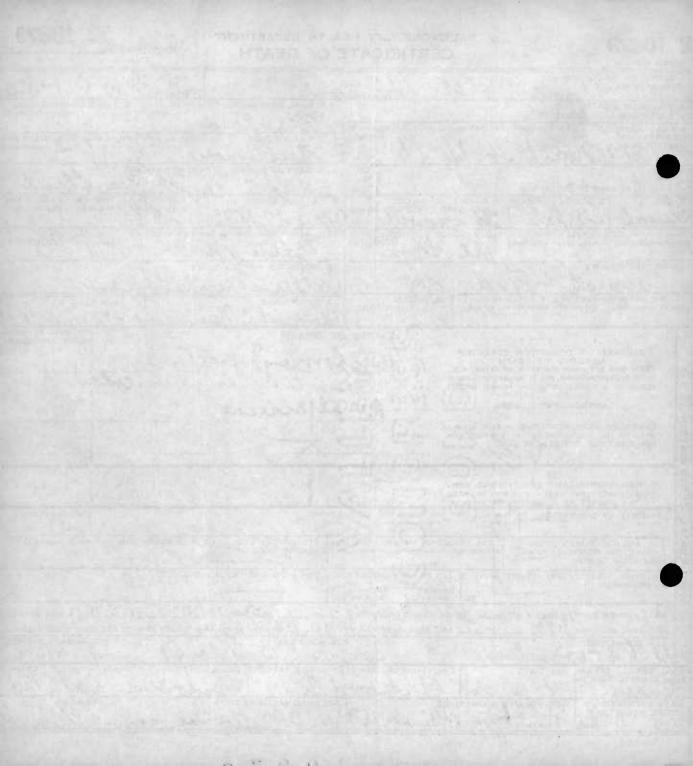
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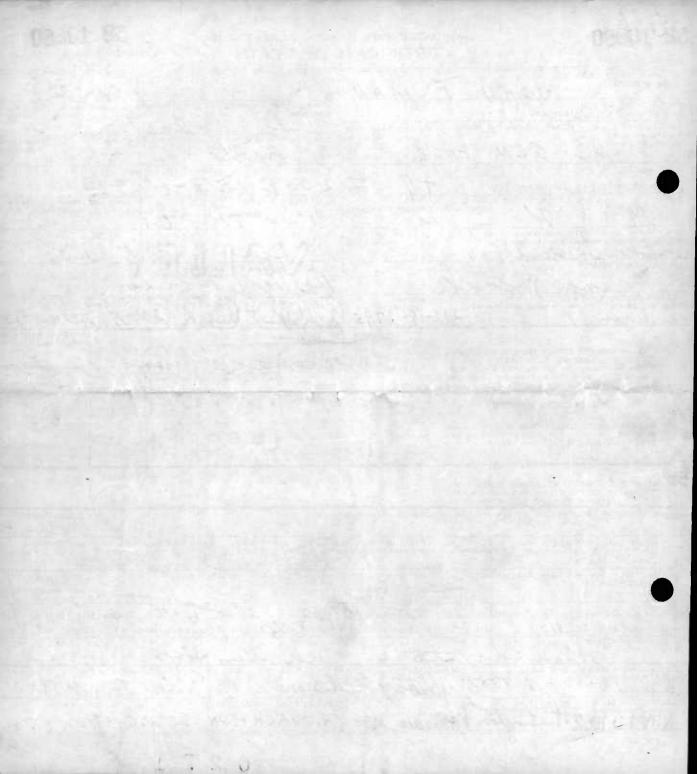
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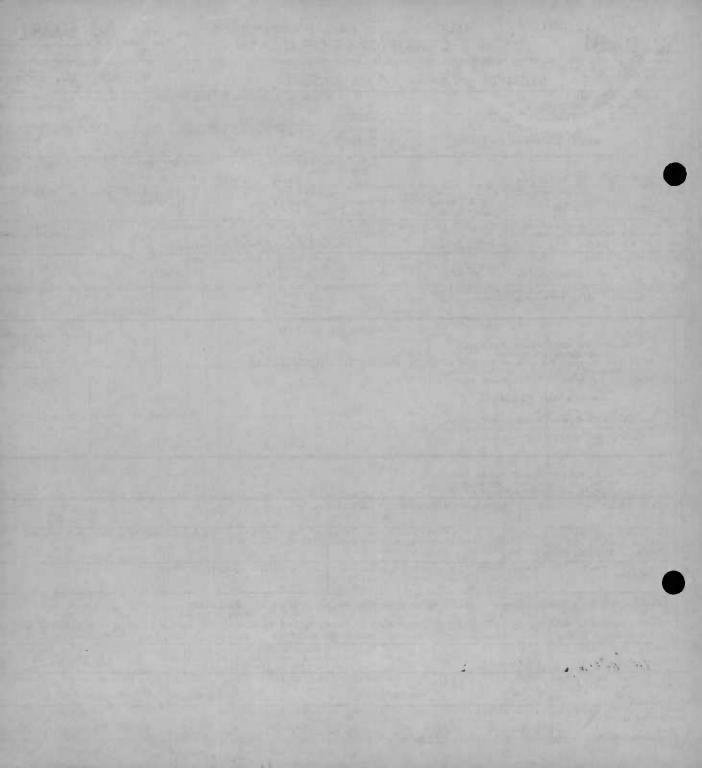
52 10280
BIRTH NO.
1. NAME OF DECE

10280		EALTH DEPARTMENT		10220
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print)	F. MANI	9 K	2. DATE OF DEATH 1/- 9	-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	here deceased lived. If in	stitution: residence before admission
HOSPITAL OR	titution, give street address or location)		Balto.	
MD. GEN.	HOSP.	Balto	. 8	write with All and giv
ngth of stay in Baltimore	49 Wass	12003 6 hot	gral, give location)	3
	IGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-26-91	9. AGE (In years If Un last birthday) Mont	der 1 Year hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country) 1:	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	BOREIZ-ODOJO	14. MOTHER'S MAIDEN NA	ME	0.5.
Frank Mana	, b	Barbani To	Priss	
15. WAS DECEASED EVER IN U. S. ARMED FORCE: Yes, no or unknown) (If yes, give wer or dates of service	S?   16. SOCIAL	17. INFORMANT	1 ADI	DRESS
unknown	"212-18-2795	Mrs. John F. Mara	R 2003E)	nto fe #13
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(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d	sease,			1910
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	(C)			
OTHER SIGNIFICANT CONDITIONS	CON			
TRIBUTING TO THE DEATH, BUT NOT REI	LATED			
19A. DATE OF OPERATION 19B. MA.	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. LYING OR CONTRIBUTING about be CAUSE OF DEATH	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, giv	e exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
n	MHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended			11-9,1952	
deceased alive on 1/- 9, 195		rred at 8:15 Am., from th		date stated above
Ducker	orto M.D.	Jud. aen. +	to318.	11-9-52
24A. BURIAL, CREMA 24B. DATE FION, REMOVAL (Specify) /1-12 1950		edeemer But	CATION (City, town, or	
V. S.	ATURE	25. FUNERAL DIRECTOR		DDRESS
NOV 10 13027 Juntington	Marcus Mos.	FR. CVACH +SON	900 N. CHES	TER ST. 5

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52 10281 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE RICHARD HERMAN TRUE (Type or Print) November 10, 1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) f not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION 1707 Linden Avenue township) Raltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 1707 Linden Avenue Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. Male White single IOA. USUAL OCCUPATION (Givekindof) 108. WIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OLIVER FRUE DOROTHY H. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Dame wna 340. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Purulent Meningitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an .. autopsv thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23c. DATE SIGNED 11/10/52 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



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2	10293	200			EALTH DEPARTMEN		52 10283
_	RTH NO.	1/on Kes		CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF D ype or Print)	Caro Caro	lyn	Demby		2. DATE OF DEATH NO	v. 8,1952
	PLACE OF D Baltimore (	EATH: City, Maryland	, /		4. USUAL RESIDENCE A. STATE	(Where deceased lived. If	institution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution	on, give street address or location)	c. CITY OR TOWN	House Hrun	ts, write RURAL and give
IN	STITUTION	Universit	y Ho	spital	Pasadena	50	township)
	ength of s	tay in Baltimore	8	Mos- Days	Mt. Road	1	
5.	F	6. COLOR OR RACE		, MARRIED, ED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year Il Under 24 Hours onths Days Hours Min.
10 work	A. USUAL OC done during most of	CUPATION (Give kind of tworking life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	NAME			14. MOTHER'S MAIDEN	NAME	4,0,
	Vera	dell Demb	Y		Jessie V	ohnson	
(Yes	. WAS DECEASE , no or nnknown)	D EVER IN U. S. ARMEI (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	18. 0/0X			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		1.1.1	1		1
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Z		OR CONDITIONS, II		(B) Mele	ary luber	culoses	
ATIC	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	E DUE TO			
FIC				(C)			••••••
CERTIFICATION	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELATED				
		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUŢOPSY?
CAI			1 04- 014	SE OF WHITE /	Loss Willess Bin	(Ye I Yo II: G':	YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in rm,factory,street,office hldg.,e		(If in Baltimore City,	give exact location)
	21D. TIME (	Month) (Day) (Year)		1E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
				WORK NOT WHILE		. /	
	deceased al	y certify that att	ended the	deceased from	red at 11:00 p.m., from		that I last saw the
	23A. SIGNAT				3B. ADDRESS	the causes and on t	23c. PATE SIGNED
2/	A. BURIAL. C	C. E. DATE	mel	M. D.	University H	LOCATION (City, town	11/10/57 , or county) (State)
TIC	N REMOVAL (S	pecify)	1- 1-2	mx. 2	G. 2	10000000	ara . Ca. has
DA	TE RECEIVE	D BY REGISTRAR	S SIGNATU	RE	25. FUNERAL DIRECTO	R	ADDRESS
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CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) HELLER LOVENA DEATH (Where deceased lived. If in 3. PLACE OF DEATH 4. USUAL RESIDENCE A. Baltimore City, Maryland B. COUNTY before admission) EIGHT (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION EIGHTAVE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE If Under 1 Year | Il Under 24 Hours 9. AGE (in years) WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours; Min. 12. CHIZEN OF 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHP, ACE (State or foreign country work done during most of working life, even if retired)

HOUSE WORK INDUSTR WHAT COUNTRY FATHER'S NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? SOCIAL SECURITY NO. 18.420.0 and, CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 3 week LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO reselevois UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from March H 1950, to November 7, 1952, that I last saw the 64.7 m., from the causes and on the date stated above. deccased alive on November 195 and that death occurred at\_ 23B. ADDRESS 23C, DATE, SIGNED 23A. SIGNATURE Heights 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county)

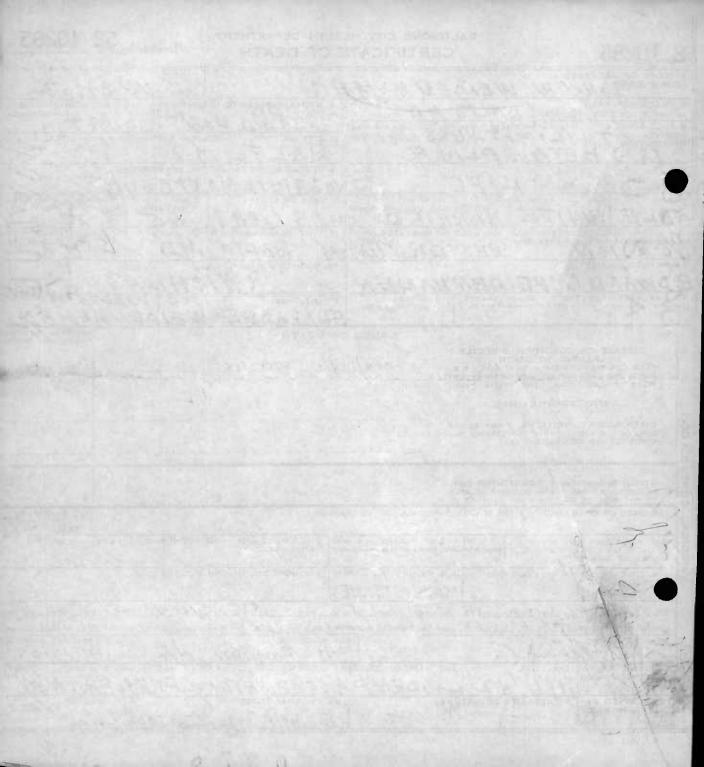
BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR witneson

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B. FULL NAME OF (If not in hospital or institution, Eye street address or HOSPITAL OR TWILL AND DEATH (If outside corporate limits, write RURAL C. CITY OR TOWN (If outside corporate limits, write RURAL R. C. CITY OR TOWN (If outside corporate limits, write RURAL R. C. CITY OR TOWN (If outside corporate limits, write RURAL R. C. CITY OR TOWN (If outside corporate limits, write RURAL R. C. CITY OR TOWN (If outside corporate limits, write RURAL R. C. CITY OR TOWN (If outside corporate limits, write RURAL R. C.	and give bwaship)
3. PLACE OF DEATH:  A. Baltimore City, Maryland All A. STATE  B. FULL NAME OF (If not in hospital or institution, type street address or HOSPITAL OR INSTITUTION)  Congth of stay in Baltimore  PE Nos.  Mos.  Days  D. STREET ADDRESS (If rural, give location)  Mos.  Mos.  Mos.  Days  D. STREET ADDRESS (If rural, give location)  Mos.  Mos	and give bwnship)
Pength of stay in Baltimore  S. SEX  G. COLOR OR RACE  WIDOWED, DIVORCED (Specify)  MALE  WIDOWED, DIVORCED (Specify)  WIDOWED, DIVO	der 24 Hours rs Min.
Pength of stay in Baltimore  S. SEX  G. COLOR OR RACE  WIDOWED, DIVORCED (Specify)  MALE  WIDOWED, DIVORCED (Specify)  WIDOWED, DIVO	der 24 Hours rs Min.
Ength of stay in Baltimore    F	Min.
MALE WHITE MARRIED  10A. USUAL OCCUPATION (Give kind of working) life, even if retired)  WESTE INDUSTRY  WHAT CO  11. BIRTH/LACE (State or foreign country)  12. CITIZEN OF WHAT CO  WHA	Min.
108. KIND OF BUSINESS OR INDUSTRY  WESTER NUMBER  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  18. 345 X  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, c. g., (A) Multiple Social Security Security No.  11. BIRTH LACE (State or foreign country)  12. CITIZEN ON WHAT CO  WH	
13. FATHER'S NAME    SOUNT   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   16. SOCIAL SECURITY NO.   17. INFORMANT   18. 345	FGF
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  ELIZABETH WEIDEN HAME  ONSET AND  ONSET AND  ONSET AND  SEV. (A) Multiple Social Sev. (A) Multiple Social Sevential Security No.  Sev. (A) Multiple Social Sev. (B) Sev	F 67
(Yes, no or unknown)  18. 345 X  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, c. g.,  (A) Multiple Solerosis	F-G7
18. 345 X CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, c. g., (A) Multiple Solerosis  Sev. (A)	
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heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	lars.
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19a, DATE OF OPERATION   198, MAJOR FINDINGS OF OPERATION   120 AUTO	NO NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact located in the property of the propert	ion)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	
m.   WORK   AT WORK	
22. I hereby certify that I attended the deceased from Jan, 193, to 195, that I last	7
deceased alive on Nov. 6, 1952, and that death occurred at 3:3, 4 m., from the causes and on the date stated	
	l above.
deceased alive on 1952, and that death occurred at 3:30 m., from the causes and on the date stated 23A. SIGNATURE 23B. ADDRESS 23C. DATE S	l above.

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lived. If institution; residence NTY before admission)
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years If Under 2 Year If Under 24 Hours
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12. CITIZEN OF
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30 years.
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_, 195, that I last saw the ad on the date stated above.
nd on the date stated above.
ad on the date stated above.    23c. DATE SIGNED   11/10/52   ty, town, or county) (State)
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ad on the date stated above.    23c. DATE SIGNED   11/10/52   ty, town, or county) (State)

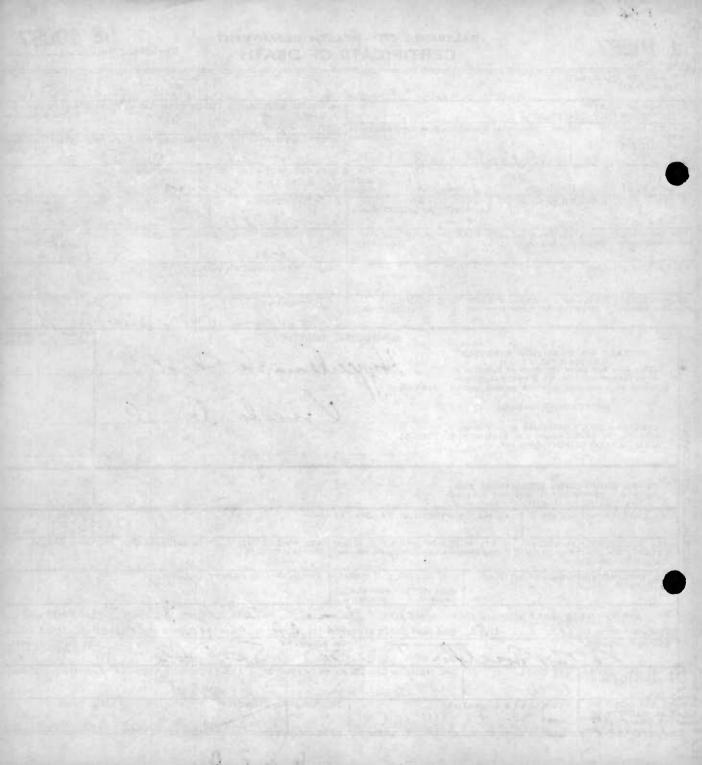
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location c. Length of stay in Baltimore 30 years man Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify)

52 10297

Registered No. before admission) (If outside corporate limits, write RURAL and give township) If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ressemen INTERVAL BETWEEN ONSET AND DEATH

June 13 1880 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes. no or unknown) SECURITY NO. 18. 442X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It mesns the disesse, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK WORK . 195 6to 22. I hereby certify that I attended the deceased from\_ 16-5 , 19 that I last saw the 19. 2. and that death occurred at . from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) June DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR untruglow VS 150



VS 150 N 821.0

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) L 10233		EALTH DEPART		SE TUEBB
BIRTH NO.	CERTIFICATI	E OF DEAT	H Registered	No
1. NAME OF DECEASED (Type or Print) ELMORE	P. WRIGHT		2. DATE OF DEATH NOV	ember 10, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland		A. STATE	ENCE (Where deceased lived.  B. COUNTY	If institution; residence before admission
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION Church Home and Ho	location)	Maryland c. city or town Paltimore		As, write RURAL and give township
Longth of stor in Deltinor	Yrs. Mos.	D. STREET ADDRE	ESS (If rural, give location)	
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SING	LE, MARRIED.	8. DATE OF BIRTH		16 (1-d1 V   16 (1-d16 H)
	WED, DIVORCED (Specify)	June 18, 18	last birthday)	If Under 1 Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Givekinder 10B. KIN work done during most of working life, even if retired)  Ret. Park Attendant Balt	nd of Business or INDUSTRY timore City	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. PATHER S NAME		14. MOTHER'S MA	IDEN NAME	
Robert Wright		Emily Foch	ell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Ralph E. Wri	ght, Carroll Road	ADDRESS d, Riviera B.
18.600.0 and E903.0	CAUSE	OF DEATH		INTERVAL BETWEEN
LEADING TO DEATH  (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dea:  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	th.) DUE TO  (B) Chron		CERTIFICATION APPRO	EXAMINER:
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA' TO THE DISEASE OR CONDITION CAUSING	TED (2) Intenta	ial degenera ochanteric F	tion racture - left fe	emur 7 da.
19A, DATE OF OPERATION   19B, MAJO	R FINDINGS OF OPER			20. AUTOPSY?
LYING OR CONTRIBUTING A about home	LACE OF INJURY (e. g., in e. farm, factory, street, office bldg., e home	to.) INJURY OCCU		
ID. TIME (Month) (Day) (Year) (Hour) FINJURY November 3, 1952 m.	INJURY OCCUR?			
	while AT NOT WHILE AT WORK		0 70 /20	52.
22. I hereby certify that I attended the	to deceased from			5, that I last saw the
deceased alive on 19 23 19 23 19 23 19 24 19 25	., and treat death occur	red at	from the causes and on	23c. DATE SIGNED
Lesther t. Woody		Church Home	& Hospital	11/10/52
24A. BURIAL, CREMA- 24B, DATE		RY OR CREMATORY	24b. LOCATION (City, tow	n, or county) (State)
tion. REMOVAL (Specify) burial 11/12/52	Lorraine Parl	k Cemeterv	Woodlawn,	Maryland
DATE RECEIVED BY REGISTRAR'S SIGNAT	TURE .	25. FUNERAL DIR	<u> </u>	ADDRESS

7 5 2 698 93

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460
52' 10289
BIRTH NO.
1. NAME OF DECEASED

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR INSTITUTION

a. Baltimore City, Maryland Baltimore Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location)

1126

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

C. CITY OR TOWN

52	10289
Registered No	

before admission)

lon

(If outside corporate limits, write RUPAL and give

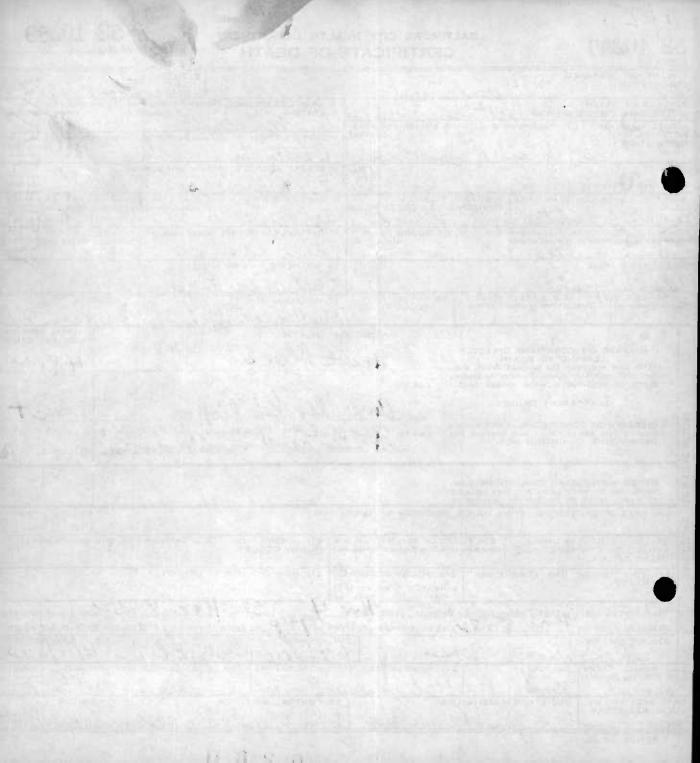
2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

B. COUNTY

IN	NSTITUTION P 1 B h 1	c. CITY OR TOWN (II outside eorporate limits, write it Uta L and give township)
1	5719 hoch Caren Blod.	Rallmore
1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
d	ngth of stay in Baltimore 62 Days	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min.
X	emale white widowed	april 28 1870 82
10	DA. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR	11/BIRTHPLACE (State or foreign country)   12. CITIZEN OF
W OX	k done during most of working life, eyen if retired) INDUSTRY	WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11	do Tilais	9-11 P-11
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Jadwega Villel
(Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Ut. INFORMANT SALL SADDRESS
		Mrs lynes E. Toch 57/9 hoch Karen Hod.
	18. 42211 CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	A DO DEATH
	(This does not mean the mode of dying, e.g.,	it block 48km
	heart failure, asthenia, etc. It means the disease,	
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	rules bela Plation Ident
NOF	DISEASES OR CONDITIONS, IF ANY, GIVING	
Ě	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	sial 40 generalized where
S	(c)	us carred manufer diseise severely,
H		
E	OTHER SIGNIFICANT CONDITIONS CON-	
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20, AUTOPSY?
AL	0	YES ND
EDICAL	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
П	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
Σ	21p. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
	INJURY WHILE AT NOT WHILE	
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from	4. 4 19540 Nov. 8, 1954 that I last saw the
	deceased glive on 195 and that death occu	
		236. ADDRESS 23c. PATE SIGNED
	texorderally Ways M.D.	600 Joel Roses Store 1/11/52
	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
111	ON. REMOVAL (Specify) Nove 12 1952 St Stores	in Cometend Dundalle are Bolto mil
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
L	OCAL REGISTRAR	Al Y/ da la angel de Hot
_ !	VOV 1 1 1050 July los Philiams, My	John J. Nudavne 2829 Hudson Street

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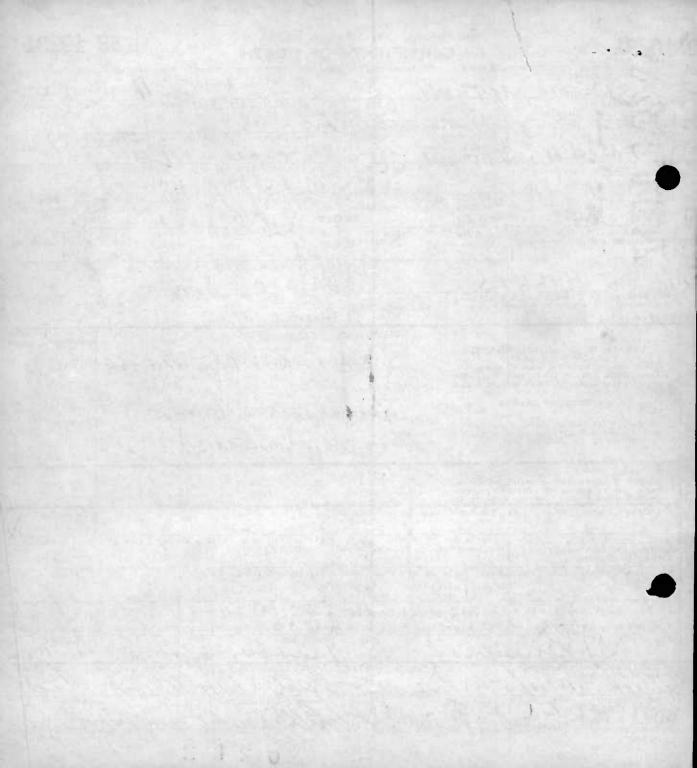
2-3 5 <b>2</b> )∮		90
BIRTH NO	ο.	
1. NAME	OF	DECEAS

52 10200

C	是到他	30	DAI	CEDITIE!		OF DEATH	AENI	Registered	No.	TOCAN
	IRTH NO.			CERTIFIC	JAIL	OF DEATH	1	registered	110,	
	NAME OF E	DECEASED				<i>A</i>	2. D/			
(1	'ype or Print)	Alexan	der E	ASTIANELL:	I OR	STINELLI.		ATH MOT	vembe	r 9 1952
	PLACE OF E				1	4. USUAL RESIDE	NCE (Where de		If institut	
B.	FULL NAME	OF (If not in hospit	8 3. E	ion, give street ad	dress or	Maryland		COUNTY		before admission)
H	STITUTION				cation)	C. CITY OR TOWN		corp rate lin	nits, write	BURAL and give
1	STOTION.					Baltimon	re	5-	-0	township)
1					Yrs.	D. STREET ADDRES	SS (If rural, g	ve location)		
C	Length of s	stay in Baltimore	46 YI	.8.	Mos. Days	248 S. H	Exeter S	1+		
5	SEX	6. COLOR OR RACE		E, MARRIED.		8. DATE OF BIRTH	9. AG	E (In years)	If Under 1 Y	
M	ale	White	Mari	vED, DIVORCED	(Specify)	Dec. 28 18		t birthday)	10 1	ays Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS	OR	11. BIRTHPLACE (St				TIZEN OF
wor		of working life, even if retired) Paving	Balt.		USTRY	Bordou	France		W.	HAT COUNTRY?
13	FATHER'S		Dare		-	14. MOTHER'S MAI			1 0	1.8.
	Pama	anda Pantin	moll:	STIPLY	7	Anna				
1 5		erdo Bastia		16. SOCIAL			mino			
(Ye	s, no or unknown)	(If yes, give war or date	of service)	SECURITY	NO.	17. INFORMANT	T 4 4		ADDRES	
_	no			213-05-9	343	Anthony J	. Basti	anelli	1 248	S.Exete
										TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									Cont 105
	(This does not mean the mode of dying, e.g., (A) MECASCALIC CARCINOMA									Sept, 195
		ure, asthenia, etc. It mea complication which c			earci	noma of th	e floor	of th	ie [	7000
		ANTECEDENT CAUS	FC		mout	h			r	eb.,1950
Z		ANTEGEDENT CAGS		(B)				***************************************		
5		S OR CONDITIONS, I								
A		YING CONDITION LA								
CERTIFICATION				(C)						
E	OTHER	II SIGNIFICANT CONDI	TIONS SO							
H	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED						
		OF OPERATION 1		FINDINGS OF	OPERA	TION			12	O. AUTOPSY?
AL	June	9.1952				moid carci	nome			ES NO X
EDICAL	21A. ACCIDI	ENT. SUICIDE,	21B. PL	ACE OF INJURY	(e. g., in	or 21c. WHERE DI	D (If in Ba	ltimore City	, give ex	
Ш	HOMICIDE	(Specify)	about home,	farm, factory, street, of	ice bldg.,et	i) INJURY OCCUP	₹?			
Σ	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURRE	21F. HOW DID	INJURY OCCU	JR?	****	
1	INJURY				T WHILE					
			m.		T WORK L	3060	70			
	22. I hereb	y certify that I att								
		live on 10/20/	2,49	and that death		ed at 5:50mm	from the cau	ses and on		
	23A. SIGNA	I'm (T)	Plato	in		B. ADDRESS 31 E. Nort	h Arronn	^	230.	1/10/52
2	4A. BURIAL,	CREMA- 248, DATE	MIT		. D.   EMETER	Y OR CREMATORY	24b. LOCATIO		n, or cour	
Ti	ON, REMOVAL (S	Specify)					0.0000	TT2 7 7 7	2.3 11	-24 101
	Burial ATE RECEIVE	Nove.1	-	Sacred H	eart	5. FUNERAD DIRE	German	mili h	ADDF	Balt.Md
L	CAL REGIS	RAS H	for	Miss.	11	1000	0 11-00	700 (		
	MOATI	The I work	nglow	Vithalla-	Mizes	Indul el	la voel	322 8	.Hlg	h St.
	VS 150		10	E MA	03 6	- 20 0 0				
			7	0 27 4	0.7	6 2 8				

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BALTIMORE CITY HEALTH DEPARTMENT Registered 52 10291 CERTIFICATE OF DEATH 1. NAME OF DECEASES 2. DATE DEATH ( ACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or MO C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months! Days | Hours ! Min. MARRICED Oct. 17, 1890 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 1+JWF USA 13. FATHER'S NAME 14\_MOTHER'S MAIDEN NAME RTIN ESSIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. HOSP. CHAR CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY OUB-ARACHNOW HEMORAHAGE 3 days LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) HYPERTENSIVE C-U. DISEASE CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING CC. GEN. ARTERIOSCLEROSIS RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED VJURY 1952 to 1/ - 8 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from 11deceased aline on 12- & , 195 L. and that death occurred at 4 A.M. m., from the causes and on the date stated above. 23A. SIGNATURE 23BAADDRESS 23c. DATE SIGNED BURIAL (CREMA-EMOVAL Specify) REGISTRAR'S SIGNATURE ADDRESS



650

so also Junial Home 7 401. Belain Rd

	A LOUIS AND A LOUI	BALTIMORE CITY	HEALIH	DEPARTMENT		10202
BIRTH NO	92	CERTIFIC	ATE OF	DEATH	Registered N	y 10636
1. NAME (Type or P		11 St h			2. DATE OF	6 16 65
	OF DEATH: ore City, Maryland	7721)	4. US		DEATH VOV (Where deceased lived, If in B. COUNTY	
B. FULL N	IAME OF (If not in hospital	d or institution, give street addr loc	41.	Y OR TOWN (	If outside converated imits,	well RURAL and give
INSTITUT	10. N. Pula	aski St		Bal	to. 10-	township)
c. Length	of stay in Baltimore	1.1	Yrs. D. STI	N D. L	If rural, give location)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	8. DA	E OF BIRTH		Inder I Year   It Under 24 Hours ths: Days   Hours   Min.
Mal.	L OCCUPATION (Give kind of	108. KIND OF BUSINESS		RTHPLACE (State or		12. CITIZEN OF
Sales	g most of working life, even if retired)	MUNNING CO		Va		U. S.Q.
	ER'S NAME	,	14. MC	OTHER'S MAIDEN	NAME	
15. WAS DE	ECEASED EVER IN U, S. ARMED koowo)   (If yes, give war or dates	FORCES? 16. SOCIAL of service) SECURITY	17. IN	FORMANT	-taughin	DRESS
No		NON-E	MY	Jahr. Yn	3/2010.N.7	Pulaski ST
18. 4 <sub>D</sub>	221/ I ISEASE OR CONDITION I	DIRECTLY	ISE OF DE	ATH	20.	ONSET AND DEATH
(Thi	LEADING TO DEAT is does not mean the mode of t failure, asthenia, etc. It mear	d dying, e.g., (A)	Rue	Cardia	Millia	1 da
Inju	ry or complication which ca	aused death.) DUE TO	t	. 1 1 . 1 .	Shit.	1-
Z DISI	EASES OR CONDITIONS, IF	(B)	myaci	yes are	n person	155
RISE	TO THE ABOVE CAUSE (A) DERLYING CONDITION LAS	STATING THE DUE TO	Cord	Mascule	in there	
ii -		(C)				
TRIE	II HER SIGNIFICANT CONDIT BUTING TO THE DEATH, BUT I THE DISEASE OR CONDITION	NOT RELATED				
19A. D.		BB. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
21A. A	ACCIDENT WAS UNDER-	21B. PLACE OF INJURY about home, farm, factory, street, office		c. WHERE DID JURY OCCUR?	(If in Baltimore City, g	ve exact location)
CAUS	E OF DEATH  IME (Month) (Day) (Year)	(Hour)   21E. INJURY OCC	CURRED 21	F. HOW DID INJU	RY OCCUR?	
F IN-	JURY	WHILE AT NOT	WHILE WORK			
	hereby certify that I atte		4/9	130147, to_		That I last saw the
	sed alive on Eligan	, 19 and that death	23B. ADI		the causes and on th	e date stated above. 23c. PATE SIGNED
4	CIAL, CREMA-1 2'4B, DATE	124c, NAME OF CE		GW (Ish	VOCATION (City, town,	or county) (State)
TION REMO	OVAL (Specify)	1 = 2: 1	11 /	1 a /. Can	Balto	Md
DATE REC	EIVED BY REGISTRANS	SIGNATURE MA		INERAL DIRECTOR	K.	ADDRESS
MILL	1 le halaid		700	onlares Trees	seemed / torres ) V	of Relain Rd

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52 10293 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Miss Margaret Jolly DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bon Secours Hospital Yrs. Mos. ngth of stay in Baltimore Days 6316 Everall Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years

Single 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR INDUSTRY

work done during most of working life, even if retired 2 Tical WOTHAT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

DUE TO

(B) .

(C) ...

DUE TO

21B. PLACE OF INJURY (e. g., In or

about home, farm, factory, street, office bldg., etc.)

DISEASE OR CONDITION DIRECTLY Hypertensive Arterio Sclerotia

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

11

UNDERLYING CONDITION LAST.

Female

(Yes, no or unknown)

ERTIFICATION

EDICAL

13. FATHER'S NAME

George Jolly

CAUSE OF DEATH

deceased alive on 1

23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify)

guria

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

INJURY

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WORK

22. I hereby certify that I attended the deceased from !!

wood 25. FUNERAL DIRECTOR

OF CEMETERY OR CREMATORY

last birthday) Months; Days Hours; Min.

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

WHAT COUNTRY? USA

14. MOTHER'S MAIDEN NAME

Balto.

17. INFORMANT

Cardio Vascular Disease

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

ADDRESS

ONSET AND DEATH

(If in Baltimore City, give exact location)

. 1957 that I last saw the

19 and that death occurred at \$22.2. m., from the causes and on the date stated above. 23c. DATE SIGNED

> Dalto ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT Registered 72 10294 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Church Home + Hospital p. STREET ADDRESS (If rural, give location) Yrs Mos. Woodles ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) idone 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ere 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICL ) AM 65 Denny 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detec of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH

420.0 and 02 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

WHILE AT

(C) .....

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

- Terriary Luos

22. I hereby certify that I attended the deceased from. deceased alive on 1/- 9 23A/SIGNATURE

CAUSE OF DEATH

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

210. TIME (Month) (Day) (Year) (Hour) INJURY

NOT WHILE

19 and that death occurred at p 23B. ADDRESS

1956 to Am., from the causes and on the date stated above.

240. LOCATION (City, town, or county)

23c. DATE SIGNED ADDRESS

20. AUTOPSY YES

24A. BURIAL, CREMA-TION, BENOVAL (Specify)

VS 150

ED I

DATE RECEIVED BY LOCAL REGISTRAR

24C NAME OF REGISTRAR'S SIGNATURE

L 10295

1. NAME OF DECE.
(Type or Print)

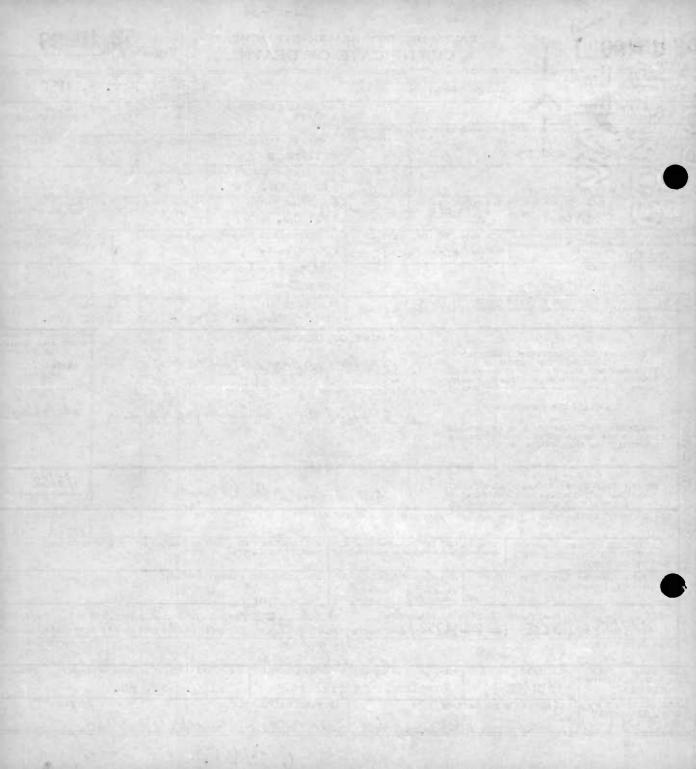
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10295

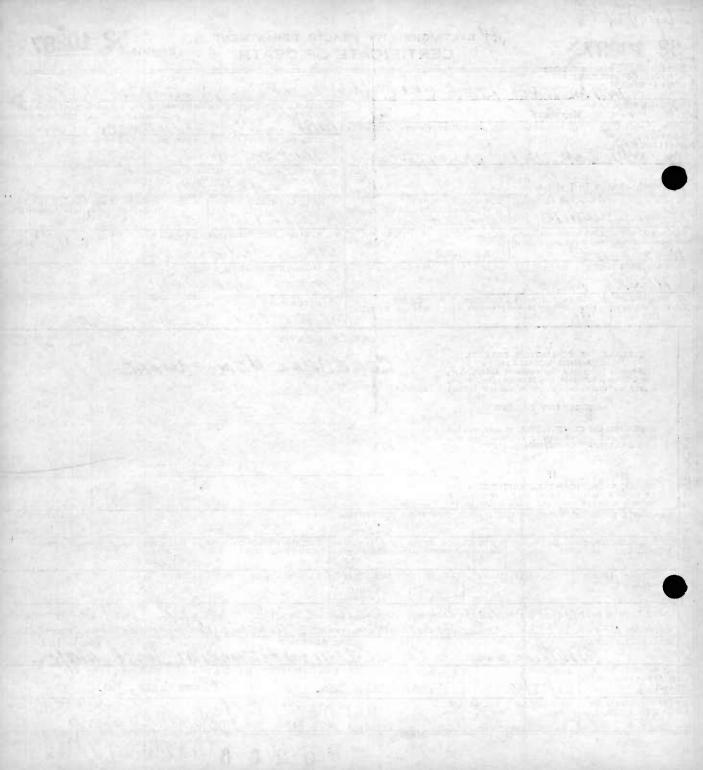
-							
1.	NAME OF C Type or Print)	ILIIAM JA	MES		WRIGHT	OF November	er 9, 1952
3	. PLACE OF D	DEATH:			4. USUAL RESIDENCE	Where deceased lived. If ins	titution : residence
_	FULL NAME	City, Maryland OF of not in hospit	al or institut	ion, give street address or	A. STATE Maryland	B. COUNTY	before admission
H	OSPITAL OR			location)		outside corporate lighits, w	rite RURAL and gi
T		Lutheran Ho	Shrear		Baltimore	11	1 D townshi
				Yrs.	D. STREET ADDRESS (If		
	ength of s	tay in Baltimore		Mos. Days	4909 Litchfie	ld Avenue	
5	. SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	er 1 Year   If Under 24 Hou
	Male	White	wide		May 3, 1870	82	Days Hours Mil
10	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)   12	CITIZEN OF
	Coopera		Barre		Maryland		WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	Samue	l Wright			Mary Christie		
15	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS
(	no	(11 300, 8110 1141 01 4410	s or service,	SECURITY NO.	Mrs. Leola M. Jo		
	18. E81	2,4		CALISE	OF DEATH		INTERVAL BETWEE
		SE OR CONDITION	DIRECTLY	CAUSE	OI DEATH		ONSET AND DEAT
		LEADING TO DEA	TH	Skull	Fracture		
	heart failt	re, asthenia, etc. It mea	ns the diseas	е,		***************************************	
	injury or			.) DUE TO			
		ANTECEDENT CAUS	ES				
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************	***************************************	
Ĕ	UNDERL	THE ABOVE CAUSE (A)	STATING TH				
CA				(C)			
RTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
LN:	TRIBUTING	TO THE GEATH, BUT	NOT RELATE	D			
CE				FINDINGS OF OPER	ATION		20. AUTOPSY?
١		8					YES NO
CAL		NAL CAUSE WAS	21B. PLA	CE OF INJURY (e.g., in	tc.) INJURY OCCUR?	f in Baltimore City, give	
EDI		G A OR CONTRIB- TAUSE OF DEATH.		arm,factory,street,office bldg.,e treet		wynn's Falls Pa	rkwav
Σ	210. TIME (	(Month) (Day) (Year)		21E. INJURY OCCURRE			
	OF INJURY	11/9/52 6:35	P. m. v	WHILE AT NOT WHILE	x pedestrian str	uck by automobi	le 15/37
	22. I certij	fy that I took char			bove, held an inspect:		
					nquiry, find that said do	Inspection or Inquiry	
	and de	ath in my opinion	resulted f	rom; natural causes	, accident A, suicide	$\square$ , homicide $\square$ , under	etermined $\square$ .
	23A. SIGNAT		1/	11	23B. CHIEF MEDICAL	EXAMINER 23c. [	DATE SIGNED
	11.	Ulian U	Bown		D. MEDICAL INVESTIGAT	OR	10/52
TIC	4A. BÜRIÄL. O ON, REMOVAL (S	Pecify)	1/ 2	MAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town, or o	county) (State)
_	Burial	11/13/5		Loudon Pari		timore, Md.	111
	ATE RECEIVED		SIGNATU	RE .	25 JUNERAL PRECTOR	la inte	DRESS
	MAK I J.	Junting	ton 1/1/	Chause Mys	WIM. X.V	chur yx	omo.
٧	S 151	803.2			V	auth.	17 11/1
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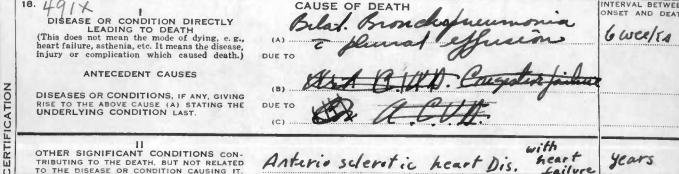
1 4	400	14 5 to 15	e production of the	or to be a supply of the same of the	11-18-52		
) A	1029 RTH NO.	96	ВА		EALTH DEPARTMENT E OF DEATH	T 52 Registered No	10296
1. (T	NAME OF I	DECEASED	ILLIAM .	JENNINGS RILEY		2. DATE NOV.	9, 1952
	PLACE OF I Baltimore	DEATH: City, Maryland		Maria Maria	4. USUAL RESIDENCE A. STATE Md.	(Where deceased lived, If in B. COUNTY	stitution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	of (If not in hosp		tion, give street address or location)		(If outside corporate limits,	vrite RURAL and give township)
_		stay in Baltimore		Yrs. Mos. Days	536 Radnor Ave.		
1	nale	white	widov	E. MARRIED. VED. DIVORCED (Specify) ried	8. DATE OF BIRTH Feb. 10, 1897	9. AGE (in years lift last birthday) Mon	nder 1 Year H Under 24 Hours ths Days Hours Min.
worl	doneduring most Freight	CCUPATION (Give kind of working life, even if retire Checker	d)	of Business or INDUSTRY sfer Cofreig			2. CITIZEN OF WHAT COUNTRY
13	.FATHER'S	H. Riley			14. MOTHER'S MAIDEN Cora Heaps	NAME	
15 (Yes	. WAS DECEAS	SED EVER IN U. S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Annie V. F		DRESS
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) QUE Coronary Thumbson Due to						a his.
CERTI	TRIBUTIN TO THE D	SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED CAICL	noma of le	wy	(3/5/5/242)
AL	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		DENT WAS UNDER- OR CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bidg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
3	ID. TIME	(Month) (Day) (Yea	· · · · ·	21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		RY OCCUR?	
	deceased of			and That death occur	5/5 (1945,70) rred at 980 m., from 138. ADDRESS	the causes and on the	ethat I last saw the date stated above. 23c. DATE SIGNED
TIC	A. BURIAL, N. REMOVAL ( Burial	CREMA- 24B. DATE Specify) 11/12/5		24c. NAME OF CEMETE Moreland Memo		LOCATION (City, town, o	r county) (State)
LC	ATE RECEIVE	ED BY REGISTRAL	ator W	Hallia Mas	25. FUNERAL DIRECTOR	lever & Sa	ADDRESS
	VS 150		9	- 39,05	-2 0 2 Bai	eto. 17, W	rd.



Registered No. 10297 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DELINE KOLR COLE (MRS. RICHARD D. DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or ALTIMORE HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) UNION MEMORIAL TOWSON 4 D. STREET ADDRESS (If rural, give location) Yrs. Mos. LAKE DRIVE ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days FEMALE Hours! Min. MARRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY HOUSEWIFE at home 13. FATHER'S NAME HENRY KOLB MARY MARSHALL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes. no or unknown) SECURITY NO. no MR. R.D. COLE (HUSBAND SAME NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CEREBRAL HEMORRHAGE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from OCT. 30, . 1952, to Nov. 9, , 1952, that I last saw the deceased alive on NOV. , 1952, and that death occurred at 7:20 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 248. DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. Pikesville, Md, Burial DATE RECEIVED BY 25 FUNERAL PRECTO ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) SR. M. ISABEL GLEASON R.S.M. 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STAT B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) ff Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) SINGLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNT PRUL AND PELIGOUS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STONE BRAKEH LAURA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., 6 WER/TA heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING



19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

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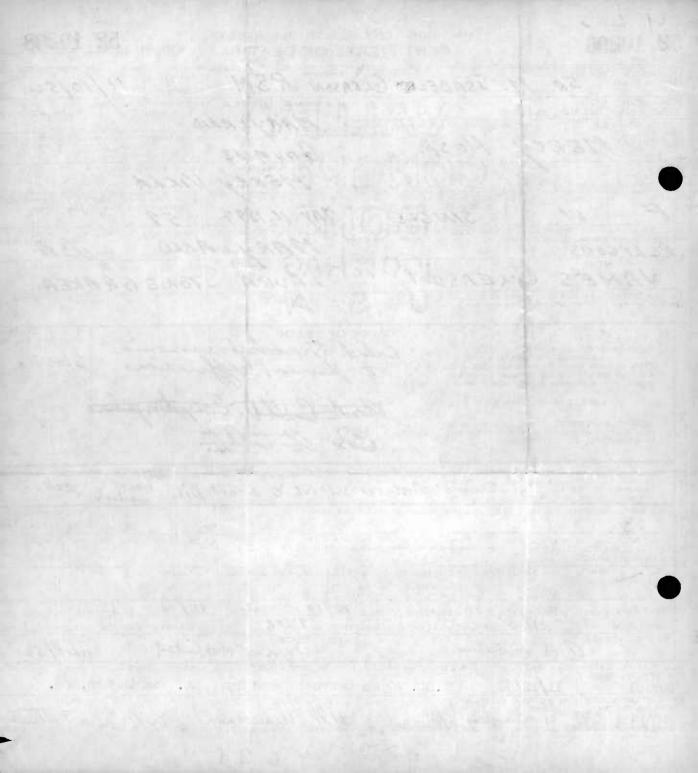
(If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

Lailure

NOT WHILE! WHILE AT WORK 10/10 11/10 . 19 52 that I last saw the 1952 to. 22. I hereby certify that I attended the deceased from\_ 11/10, 19 52 and that death occurred at 9:50 Am., from the causes and on the date stated above. deceased alive on\_

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Hospital

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Mt.St. Agnes Convent Cemetery Mt. Washington, Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/ FUNERAL DIRECTOR LOCAL REGISTRAR



52 10299 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or mels 2724 n. Charles SI e limit), write RURAL and give location) (If outside corport C. CITY OR TOWN INSTITUTION lowap. D. STREET ADDRESS (If rural, give location) Yrs. Mos. Warren c. Length of stay in Baltimore Dave 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. Dindle 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY Chipper + Corper 710.4 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. mar warch downs 215-01-3168 mro 206 Warren 420,0 and INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES surcular dibrillation DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

acute alcoholum OTHER SIGNIFICANT CONDITIONS CON-0/ 3-4.5.6 relos TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1 198, MAJOR FINDINGS 20. AUTOPS 19A. DATE OF OPERATION OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour)

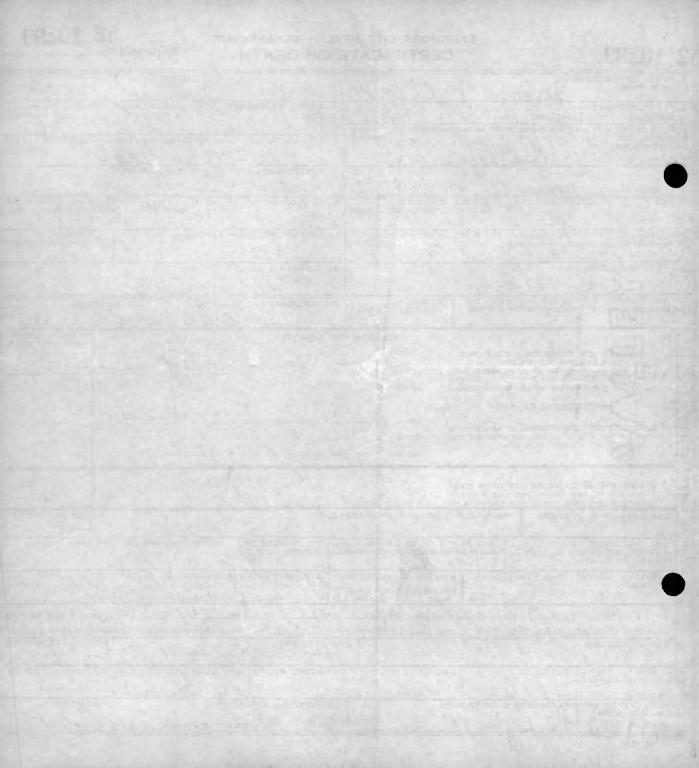
WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR? Mester Chash

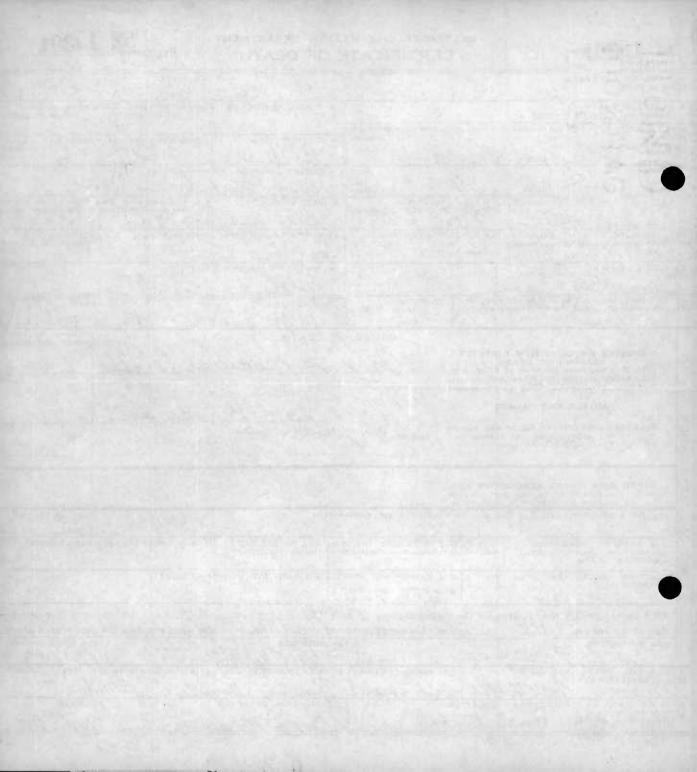
AT WORK

22. I hereby certify that I attended the deceased from 1/2, 1952 to 1/10, 1952 that I last saw the deceased alive on 1/10, 1952 and that death occurred at 8.15 Mm., from the causes and on the date stated above.



52 10300 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN L. STENOUIST Nov. 8, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate thaits, write RUHAL and give INSTITUTION 2 Millbrook Rd. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 4800 Wilmslow Rd. Days 5. SFX 6. COLOR OR RACE 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) male white married May 9, 1885 67
II. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of Balto Clty INDUSTRY 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Director of Research Bd.of Education N. D. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
yes World War #1 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs. Harriett Stenguist-4800 Wilmslow Rd. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY BCCLUSION LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ARTERIOSCLEROSIS ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH LYING OR CONTRIBU ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE , 19 Y, and that death occurred at 3 b.m. from 19 That I last saw the 22. I hereby certify that I attended the deceased from deccased alive on Oat/S b.m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Ridge Cem Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. HUNERAL DIRECTOR LOCAL REGISTRAR VS 150

- 1	120							
-	2 1030 RTH NO.	1		TIMORE CITY HI			Registered N	10301
1.	NAME OF DEC	EASED	Dan	Survey - Sur	to Come		DATE OF DEATH VAL	19-1951
	PLACE OF DEA Baltimore Cit	y, Maryland	7	Joney Co.	A. STATE			nstitution: residence before admission)
HO	SPITAL OR	(If not in hospit	al or instituti	on, give street address or location)		(If outs	ide corporate limits,	write RURAL and give township)
		ua et	ruella.	Yrs. Mos.	D. STREET ADDR	ESS (Ifrural	d, give location)	5300
5.		y in Baltimore		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	H 9.	AGE (In years If I last birthday) Mon	Inder I Year If Under 24 Hours ths: Days Hours Min.
10/	LUSUAL OCCU	PATION (Give kind of orking life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign	78yrs.	12. CITIZEN OF WHAT COUNTRY?
	1. 1	Charity			14. MOTHER'S MA	TO NAME	0 4	4-5.
15.	WAS DECEASED	as ayou EVER IN U. S ARMEI	FORCES?	16, SOCIAL	adelac	de s	amprou	Doeses
(Yes,	no or unknown)	Of yes, give war or date	s of service)	SECURITY NO.	Distor Mary	Jouth	- Villa	Sk Michael INTERVAL BETWEEN
ERTIFICATION	(This does not heart failure, injury or co	OR CONDITION EADING TO DEA' to mean the mode of asthenia, etc. It mea mplication which of NTECEDENT CAUS OR CONDITIONS, I ABOVE CAUSE (A) IG CONDITION LA	TH  of dying, e. g  ons the disease  caused death  SES  F ANY, GIVIN  STATING TH	DUE TO	dio pas ferio se	fero	Colleps	ONSET AND DEATH
CERT	TRIBUTING T	II NIFICANT CONDI O THE DEATH, BUT ASE OR CONDITION	NOT RELATE	D				
	19A. DATE OF			FINDINGS OF OPER	RATION			20. AUTOPSY?
IEDICAL		ONTRIBUTING		CE OF INJURY (e. g., arm, factory, street, office bldg.,			Baltimore City, g	ive exact location)
×.	ID. TIME (MO	onth) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OC	CCURT	
	deceased aliv	e on 11/10	tended the	deceased from <b>41</b> and that death occu	rred at 9.45 Are			
	23a. SIGNATU	lla	gia	M. D.	3316 MU	rdery	Sur	Signed 15 10 15 7
TIO	A. BURIAL. CRI N. REMOVAL (Spe-	eify)	1952	St. Joseph	& Semetery	Emmi	to burg - 7	nd.
LC	TE RECEIVED CAL REGISTRA	R	signatu	VALLEGIA IN	Stewart 1	nowen	6108 W.	Morth Que.
	VS 150	00%	0	5 2 0	102	0 0	City-	1



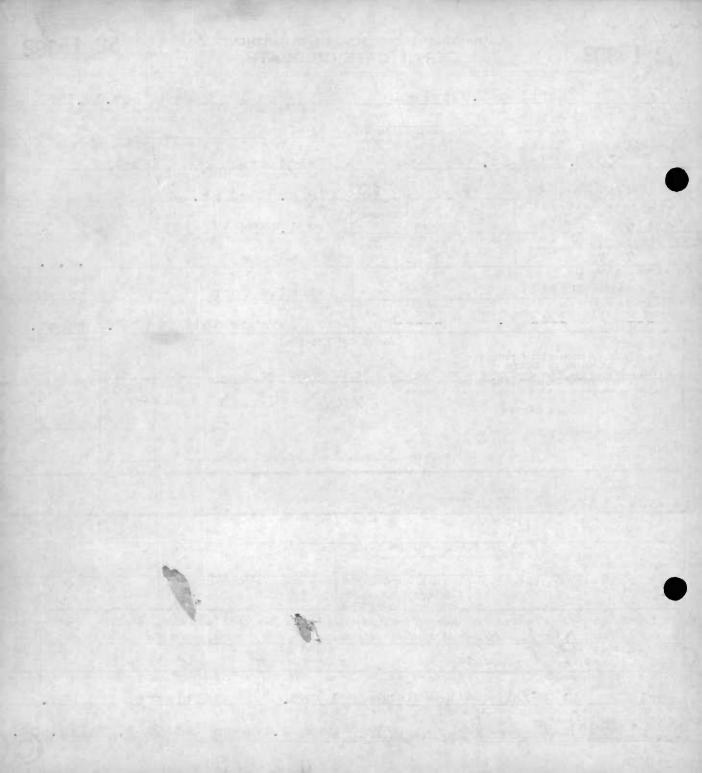
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### BALTIMORE CITY HEALTH DEPARTMENT

59 47300

В	52 1	302			CERTI	FICATE	OF DEATH	Registe	red No.	17305
1. (T	NAME OF ype or Print		[sabel]	le T.	Dovle			2. DATE OF DEATH	Nov. 10	0.1952
	PLACE OF Baltimore	City, Ma	ryland				4. USUAL RESIDENCE A. STATE		ed. If institu	
H	FULL NAM DSPITAL OF ISTITUTION		not in hospita	al or instituti	on, give stre	et address or location)	c. CITY OR TOWN	(If outside corporate	limits well	e RURAL and give township)
0	10	10 E.	33rd	St.			Baltimore		1	township)
c.	Length of	stay in B	altimore	Lif		Yrs. Mos. Days	D. STREET ADDRESS		n)	
	sex Female		hi te		ED, DIVOR	CED (Specify)	8. DATE OF BIRTH	9. AGE (In yea	rs If Under 1	Year II Under 24 Hours Days Hours Min.
10	A. USUAL C	CCUPATIO	N (Givekindet)	10B. KIND	of Busin		MAY 1.1859	or foreign country)	1 12 0	ITIZEN OF
	done during mo	?	, even If retired)	?	? ?	INDUSTRY	Maryland	,	M	VHAT COUNTRY?
13	. FATHER'S						14. MOTHER'S MAIDEN	NAME		
	Jam		neill				Isabelle Ca	rr		
15 (Ye	. WAS DECEA	SED EVER IN	U.S. ARMED	FORCES?	16. SOCIA	AL RITY NO.	17. INFORMANT		ADDRE	SS
						***	Mrs Clarence	Wolf 1	O E.33	3rd St.
	18.434	4.3	1			CAUSE C	OF DEATH			NTERVAL BETWEEN
	DISE		ONDITION I			10	6			
П	(This do	es not mean	the mode of	f dying, e.g	(A)	<u></u>	enely			***************************************
H	injury o	r complicat	ion which co	aused death.	) DUE TO	o C.	, \ 1d	or Vace	0	
		ANTECE	ENT CAUS	ES		un	jan ! lan	1 one		
Z	DISEAS	EE OD CON	DITIONS		(B)		······	·····		***************************************
ATION	RISE TO	THE ABOVE	DITIONS, IF	STATING TH	E DUE TO	0				
A	UNDER	LYING CON	IDITION LA	ST.	(C)	********************	**************************************	**********************************		
F	7	* * * * * * * * * * * * * * * * * * * *								
RT	OTHER	SIGNIFICA	II CONDI	TIONS CON						
CE			CONDITION			**********				*********************
	19A. DATE	OF OPERA	TION O 1	B. MAJOR	FINDINGS	OF OPER	ATION			20. AUTOPSY?
DICAL									-	YES NO
EDIC	LYING CAUSE OF	DENT WAS OR CONTRI F DEATH	BUTING			URY (e. g., in reet, office bldg., e		(If in Baltimore (	Dity, give ex	xact location)
2	P. TIME		Day) (Year)	(Hour)	1E. INJUR	Y OCCURRE	D 21F. HOW DID INJ	URY OCCUR?		The state of the s
				m.	WORK	NOT WHILE				
							1/5 , 52, to			
	deceased	alive on 1	Wy 8	, 152,	and that d	leath occur	red at 2 m., from	m the causes and		
	23A. SIGN	ATURE	+ En	ule	7	м. р.	38. ADDRESS Z436 6	Ball	Sy 230	DATE SIGNED
2	AA. BURYAL, ON REMOVAL	CREMA- 2 (Specify)	4B. DATE	V	4c. NAME	OF CEMETER	RY OR CREMATORY 240	LOCATION (City,	town, or cou	inty) (State)
	Buria	1 1	1/12/5	2	New C	athedr	al Cem.	Baltimor	e	Nid.
	ATE RECEIV		EGISTRAR'S	SIGNATU	RE		25. FUNERAL DIRECTO			RESS
-	10011	1357	unting	ton 14	Signer.	M.D.	John A. Mor	an 3000	E. Ba	alte. St.
	VS 150		0							

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	67		BA	LTIMORE CITY HE				DC	19302
1	BRTH NOS 03	3		CERTIFICATI	E OF DEATH	1	Registere	d No.	
	. NAME OF D	ECEASED					DATE		
	Type or Print)	JOSEF	H MI	CHAEL	MC HALE		OF NOV	ember	9, 1952
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDEN	NCE (Where	deceased lived	. If instit	tution: residence before admission
6	FULL NAME	OF I f not in hospit	Maryland		Suprime,	- Committee	serore admission		
	NSTITUTION	Johns Hopki	ne Hoe	location)	C. CITY OR TOWN	(If outsic	le corrorate li	mits, wri	ite RURAL and give
	33	TAGON GINIOU	.113 1103	broar	Baltimor	•	1	-	township
	ength of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES			)	
5	Male	6.COLOR OR RACE	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		GE (In years ast birthday)		1 Year Munder 24 Hours Days Hours Min.	
1	OA. USUAL OC	CUPATION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign	country)	1 12.	CITIZEN OF
WO:	clerk	f working life, even if retired)	W.M.	RR. INDUSTRY	Baltimon	re. Md.			WHAT COUNTRY
1	3. FATHER'S N	AME			14. MOTHER'S MAIL		,		
	Mi	chael McHa	le		Margare	t. Roda	377		
I	5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	70 11000	· J	ADDRE	ree
(X	es, no or unknown)	(If yes, give war or date:	of service)	SECURITY NO.	Mrs. B. Ko	sviana	-134 N		
-	18.442	1		CAUCE		0 0			INTERVAL BETWEEN
1	DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Hypertensive Cardiovascular Disease									
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	,	ANTECEDENT CAUS	ES						
Z		OR CONDITIONS, I			***************************************	***************************************	••••••••		
Ĕ		HE ABOVE CAUSE (A) ING CONDITION LA							
CA				(C)	***************************************		***************************************		
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-								
E	TRIBUTING	TO THE DEATH. BUT	NOT RELATE	ED					
CE				FINDINGS OF OPER	ATION		***************************************		20. AUTOPSY?
1									YES NO
EDICAL	UNDERLYING	AL CAUSE WAS OF OR CONTRIB-	21B. PLA about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DIE		Baltimore Cit		exact location)
ME	21D. TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID I	NJURY OCC	UR?		
	OF INJURY		m.	WHILE AT NOT WHILE					
	22. I certif	u that I took char		remains described a	have held an Dar	tial au	topsv	+ 15.	creon and from
					Au	topsy. Inspect	tion or Inquir	rv	
	and dea	th in my opinion	saia Auto resulted f	psy, Inspection or Information in a sure of the contract of th	nquiry, fina that s	aid decease vicide 🗀 h	omicide	the da	y stated above, $ermined$
	23A. SIGNAT		1/1	. /	238. CHIEF MED	ICAL EXAMI	INER		TE SIGNED
	11/4	lliam 1/1	mind	М.	D. MEDICAL INVES			. 11/3	10/52
2 TI	4A. BURTAL, C ON, REMOVAL (Sp	REMA- 24B. DATE		NAME OF CEMETER				wn, or col	unty) (State)
	Buria		52	Cathedral C	ex-	City			
	ATE RECEIVED	BY   REGISTRAR'S	SIGNATU		25. FUNERAL DIREC		1.,	ADE	RESS
1	OCAL REGISTR	Twiting	flow 14	mont. T.	WIEDEREND	& SON	usi)		
V	S 151			3000	GREENHOUNG	PAVER	22ND		1/
				2 4020	(I) I) I	1 1 V ID O	CAND		

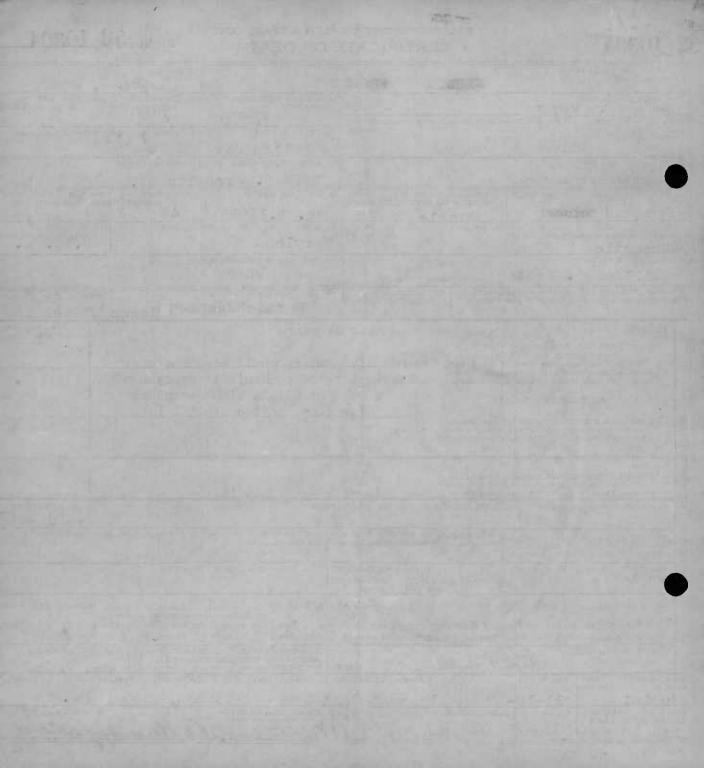
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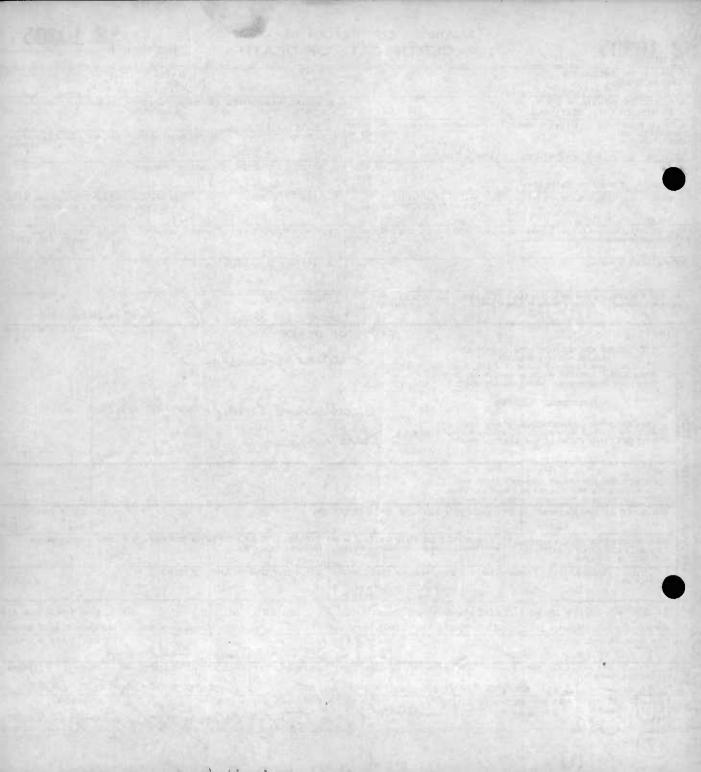
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

risteres 20 10304

B	RTH NO.	X.		EKTIFICA	AIE.	OF DEAT				
1. (T	NAME OF C ype or Print)	ECEASED	ELENC	OR ROY	STON		1 75	2. DATE OF DEATH NOV.	7, 1952	
В. Н	Baltimore (FULL NAME OSPITAL OR ISTITUTION	City, Maryland		a, give street addre	ss or	4. USUAL RESIDIA. STATE Mary C. CITY OR TOWN Baltime	land (If a	B. COUNTY	If institution; residence before admissions, write RDRAL and towns	sion)
	length of s	tay in Baltimore		Y M D	los.	2666 W.	Fran]	klin St.		
10	female	6. COLOR OR RACE colored CUPATION (Givekindof	MARRIED, D, DIVORCED (Sp Ple )F BUSINESS OI	ecify)	Dec. 5.19	02	49	Months Days Hours 1		
	Domesti		INDUS	1	Maryland 4. MOTHER'S MA		ME	WHAT COUNT	rry1	
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	6. SOCIAL SECURITY N		7. INFORMANT	hæohr	nson Evan	ADDRESS 4200 S Chapel Ro	d
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO T	SE OR CONDITION LEADING TO DEA'S not mean the mode ure, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, 1 "HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., uns the disease, eaused death.) SES F ANY, GIVING STATING THE	(A) Mass	ive ptur	F DEATH subarachnoi e of conger of Willis tion, left	nital a	aneurysm of secondary	ONSET AND DE	EATH
CC	TRIBUTING	SIGNIFICANT CONDI S TO THE CEATH, BUT ISEASE OR CONDITION OF OPERATION 1	NOT RELATED CAUSING IT.	Pulm		v tuberculo	siş		20. AUTOPSY YES X NO	
EDICA	UNDERLYIN	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.		E OF INJURY (e p.factory,street,office b			PID (If	in Baltimore City	, give exact location)	
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	WH:	E. INJURY OCCU LE AT NOT W ORK AT WO	HILE	2 IF. HOW DID	INJURY	OCCUR?		
	the ev	fy that I took char idence obtained by ath in my opinion TURE	said Autops	u. Inspection	or Incuscs [	quiry, find that , accident , accident , 23B. CHIEF ME ASSISTANT ME	Autopsy, In said dec suicide [ EDICAL EXECUTED   EDICAL EXECUTED	☐, homicide ☐, XAMINER☐ XAMINER☐	the day stated ab undetermined	
TIC	A. BURIAL. (S BUTIAL ATE RECEIVE	11-12-	The same of the	leasant	Res	OR CREMATORY	240. LO	CATION (City, tow	ADDRESS 578	



1	+35						E9 1300F		
52 10305  BALTIMORE CITY HE CERTIFICATE							ered No. 10305	)	
	NAME OF D		on .			2. DATE OF DEATH	ululsa		
3. A.	PLACE OF D Baltimore	City, Maryland	/		4. USUAL RESIDI	ENCE (Where deceased I	ived. If institution : residence NTY before admis		
H	FULL NAME OSPITAL OR ISTITUTION	4301	al or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside corpora	te limits, write RURAL and	d give	
2	ength of s	tay in Baltimore	aus qu'i	Yrs. Mos. Days	D. STREET ADDRI	ESS (If rural, give locat	ion)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Havried			8. DATE OF BIRTH		ears if Under 1 Year if Under 24 ay) Months Days Hours				
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUN	ITRY?	
13. FATHER'S NAME					14. MOTHER'S MA	IDEN NAME	- Wow		
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARME (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	welsh a	andress m		
CERTIFICATION	DISEASE: RISE TO T UNDERLY	ire, asthenia, etc. It mer complication which ANTECEDENT CAUS S OR CONDITIONS. I HE ABOVE CAUSE (A) YING CONDITION LA	caused death SES F ANY, GIVIN STATING TH	(B)	utensiñe ce Eviordeuns	ardio racada o	duna		
CER	TRIBUTING	GIGNIFICANT COND TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					
AL	19A. DATE C	OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPS		
MEDICAL		DENT WAS UNDER PROPERTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., s		OID (If in Baltimore	City, give exact location)		
	21D. TIME F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?				
	22. I hereby certify that I attended the deceased from 11752, 19, to 11152, 19, that I last saw the deceased alive on 111152, 19, and that death occurred at 1.05P, m., from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED								
2.4 TIC	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE Specify	100	M. D. 224c. NAME OF CEMETE	RY OF CREMATORY	240. LOCATION (City	y, town, or county) (St	tate)	
	ATE RECEIVE DCAL REGIST NOV 1 2	D BY I REGISTRAR	SSIGNATU	Miliaus-M.	3 L H	Bom &	n amples	弘	



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10306

)\$ T0000	CERTIFICATE						
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) MOSES SOLA	ISON		2. DATE OF DEATH ///10/	52			
3. PLACE OF DEATH: A. Baltimore City, Maryland SAL	stitution, give street address or	4. USUAL RESIDENCE (V	Where deceased lived. If Ins	titution: residence before admission			
HOSPITAL OR	location)	C. CITY OR TOWN (If	outside corporate limits,	vrite RURAL and giv			
4200 SPRINGD	ALE AVE	D. STREET ADDRESS (If	rural, give location)	1-00			
c. Length of stay in Baltimore 30	Years Mos. Days			2			
5. SEX   6. COLOR OR RACE   7. S	NGLE, MARRIED, IDOWED, DIVORCED (Specify)	SUNE 19.1868	9. AGE (In years   I lin last birthday)   Month	er I Year If Under 24 Hours Days Hours Min			
rork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF			
SCREEN DOOR MAN U	FACIURE	14. MOTHER'S MAIDEN N	AME				
HERMAN MOS	ES	HANNAH &	UHN				
15. WAS DECEASED EVER IN U.S. ARMED FORC	ES? 16. SOCIAL SECURITY NO.	SVDNEV SOL	MSON 4200	SPRING			
18. 420,0 and 260 X	CAUSE	OF DEATH	Control of the second s	INTERVAL BETWEE			
DISEASE OR CONDITION DIRECT	CTLY Rate	- 1. L - lo	a lederate	151.00			
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,	verseurs -	Sur Water	13 Jran			
ANTECEDENT CAUSES	a gene	which aston	alus	20 las			
DISEASES OR CONDITIONS, IF ANY,		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0			
UNDERLYING CONDITION LAST.	(c)	wite. Marin	N-	28 year			
OTHER SIGNIFICANT CONDITIONS	CON						
TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE DR CONDITION CAUS	ELATED						
19A. DATE OF OPERATION   198. M.	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
O 212 ACCIDENT WAS UNIDED 1311				YES ND L			
- I ZIA, ACCIDENI WAS UNDER- I ZI	B. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e		If in Baltimore City, giv	e exact location)			
ID. TIME (Month) (Day) (Year) (Hour	) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?				
while at work Not while Not while Not work 22. I hereby certify that I attended the deceased from May 9, 1949, to Way 10, 195, that I last sa deceased alive on May 10, 195, and that death occurred at 1145Am., from the causes and on the date stated of							
23A. SIGNATURE  TURNING. Gunders	Telmen M. D.	Piniere Cont	Late arm	AN. 1.195			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	HEBREUF	RIEND SHAP R	ALTO SA	county) (State			
DATE RECEIVED BY REGISTRAR'S SIG	MATURE VILLAMA M	25. FUNERAL DIRECTOR		DDRESS			
NOV 1 2 1055	a d	bus 18 man	100 / 40 7 Cue	town Place			

1.4520010297

MARKET & SALES CTAASS IN IN

Registered No. 10307 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH OF DECEASED 2. DATE Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) 5. FULL NAME OF not in hospital or institution, give street address or HOSPITAL OR location) (If outside corpora e limits\_ C. CITY OR TOWN UII AL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location MAYGOL ength of stay in Baltimore Davs 7. SINGLE, MARRIED 5. SFX 6. COLOR OR RACE 9. AGE (In years 8. DATE OF If Under 24 Hours last birthday) Months: Days Hours: Min. WIDQWED, DIVORCED (Specify) MALE IVORCEd 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT-COUNT AILOR 54115 NUANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nown nown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 13. INFORMANT 16. SOCIAL ADDRESS (Yes, nn nr unknnwn) (If yes, give war or dates of service) SECURITY NO 213-10-325 IERRACE No VONE 3314 GILMAN NTERVAL BETWEEN +65X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lubalus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, In pection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕱 accident 🖂, suicide 🗀, homicide 🖂, undetermined 🗀. 234 SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-4c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION REMOVAL (Specify) )4RIAL NOV. 10 ROSS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR Eo. L. Schwah YRE DERICK 151

Schooley Sustantia such a some of the party.

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11 7 5 5

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10308

BIRTH NO.	0.5	C	ERTIFICAT	E OF DEATH	Registered	NO
1. NAME OF D (Type or Print)	ECEASED	Albert	ie Escher	Eraps About	2. DATE OF DEATH NO	v. 10-1952
3. PLACE OF D	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, I. B. COUNTY	
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit Baltimore C 4940 Easter:	ity Hosp	i, give street address of location location		f outside corporate lishi	ts, write RURAL and give township)
Qength of s	tay in Baltimore	Li	Yrs. Mos. Days	D. STREET ADDRESS (I		0.23
5. SEX	6.COLOR OR RACE	7. SINGLE.	MARRIED. D. DIVORCED (Specif.	8. DATE OF BIRTH	9. AGE (In years last birthday) M	Il Under 1 Year If Under 24 Hours onths Days Hours Min.
ork done during most o	CUPATION (Give kind of of working life, even if retired)	/	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or :		12. CITIZEN OF WHAT GOVERNY?
13. FATHER'S	Henry Dol:			14. MOTHER'S MAIDEN N Elizabeth Doe		
15. WAS DECEASE (Yes, no or ymknown)	ED EVER IN U. S. ARMEE (If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT Baltimor		DDRESS tals
(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEAT LEADING TO DEAT In to mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUSE OR CONDITIONS, III HE ABOVE CAUSE (A) VING CONDITION LA	f dying, e. g., ns the disease, aused death.)  ES  FANY, GIVING STATING THE		OF DEATH	Cervix Ute	INTERVAL BETWEEN ONSET AND DEATH  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TRIBUTING TO THE DE	II IGNIFICANT CONDI 5 TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATED CAUSING IT.	INDINGS OF OPE	RATION		20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTING	218. PLAC	E OF INJURY (e. g., n,factory,street,office bldg	in or 21c. WHERE DID (,,etc.) INJURY OCCUR?	(If in Baltimore City,	
S	(Month) (Day) (Year)	WHI	E. INJURY OCCUR	E	Y OCCUR?	
22. I hereby deceased all 23A. SIGNAT	live on 11-10-	ended the de , 19 <u>52</u> an	ed that death occi	-30- , 19 52 to	the causes and on t	the date stated above.
24A. BURIAL, O TION, REMOVAL (S	pecify)	1952 24	Loudon	FARK B4	Location (City, town	n, or county) (State)
DATE RECEIVE LOCAL REGIST		s signaturi	Elliques Mi	Co. L. Schwal	6 2101 FRE	LERICK AUG.

-7298A 0200

2 52	40 10309
BIRTH	NO.

1	52	10309
	Registered N	

	Y HEALTH DEPARTMENT 52 10309 Registered No
BIRTH NO.	CATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) DAYID MICHAEL	2. DATE OF DEATH 11-11-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAL	Yrs. D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Mos. Days Runte # 4
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	Specify)  8. DATE OF BIRTH  9. AGE (In years if Under 1 Year   If Under 24 Hours   Months Days   Hours   Min.
	OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	EMMA COHEN
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY	NO. JOHNS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	Hypertensive C.V.Dis. 34 YRS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	Quteriorders is
	hodenae weer(s)
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF	OPERATION 20, AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, off	(e. g., in or   21c, WHERE DID (If in Baltimore City, give exact location)
	WHILE
22. I hereby certify that I attended the deceased from	work   1 - 5 - 5 2 + 9 , to 1 - 1 , 19 5 2 hat I last saw the
23A. SIGNATURE	occurred at 2 2m., from the causes and on the date stated above.  23B. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED
THON, REMOVAL (Specify)	D.   METERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 12 1953 Huntington Williams,	MANullian J Gumen + SON NORTH Pour

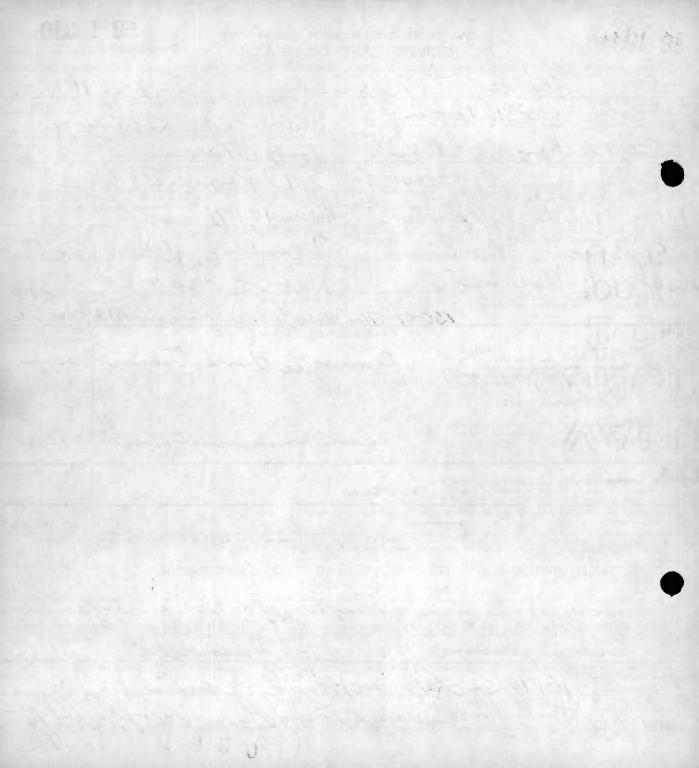
1 9 5 29 86.6 1 0 3 0 0

Colonia Coloni 

530 52 10310	
1. NAME OF DECEA (Type or Print)	-
S BLACE OF DEATH	

59 40040

52 10310 BA	LTIMORE CITY HEALTH DEPARTMENT	05 T09T0
BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED Heury	E. Kennedy	2. DATE OF DEATH NOV. 11. 1957
3. PLACE OF DEATH: A. Baltimore City, Maryland 28/2/	parlie he A STATE	Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital of institu	1	f outside corporate limits, write RURAL and give
MISTITUTION 12 Rogalie	1 P. O 1 /13/1-1111	wore b township)
c. Length of stay in Baltimore	lears Mos. 2812 Ros	frural, give location
Made Migor	LE. MARRIED. WED, DIVORCED (Specify) WED, DIVORCED (Specify) WORLH 4 189	9. AGE (in years last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. K/N work done during prost of working life, even if retired)	O OF BUSINESS OR 11. BIRTHPLACE State or	foreign country 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	Quariesa Candle	PAME M. F. CL.
Albert Kenney	ly Mary to	orson (
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoown) (If yes, give war or dates of service)	16. SOCIAL 17. INFORMANT	ADDRESS
	150-09-8712 Mrs Sterge	Johnson 1812 Kosake
18. 401. 3 I	CAUSE OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.	8. (1) Rhumate Hear	8 Disease 30 yrs.
heart failure, asthenia, etc. It means the disea injury or complication which caused deat	ise, ch.) Due to	
ANTECEDENT CAUSES		A SALES OF STREET
DISEASES OR CONDITIONS, IF ANY, GIVE		
UNDERLYING CONDITION LAST.	(c) bette Rhimal	in France 31 yps.
OTHER SIGNIFICANT CONDITIONS CO		
O TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPERATION	20. AUTOPSY?
	THE MESS OF CLEANING	YES NO W
	ACE OF INJURY (e. g., io or Affactory, street, office bldg., etc.) 21C. WHERE DID (injury) OCCUR?	(If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJUR	Y OCCUR?
m.	WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the	e deceased from to 1950, to 6. and that death occurred at 15 m., from	, 19 that I last saw the
deceased alive on 100 , 193 2.	and that death occurred at	the causes and on the date stated above.    23c. DATE SIGNED
Grorge Jawy	m M.D. 4808 Harfe	nd Rd. 11/11/52
24A. BURIAL, CREMA- 44B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETERY OF GREMATORY 245	OCATION (City, town, or county) (State)
DATE RECEIVED BY RESISTRATE SIGNAT	VIE 25 FUNERAL DIRECTOR	enter) / Appress
LOCAL REGISTRAR Tuntington	Villagus MR Jorning Rues	2500 Ald Hat to
WUV 1502 1952	2	A leso



CHATTERICATE COME (17-7) CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) NINNO OF PASPUALE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) PA. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION HOSPITAL 15INAI ROSETO D. STREET ADDRESS (If rural, give location) Yrs. Mos. 10.0. BOX ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MARRIED 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (Oli odendro lioma) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CAT UNDERLYING CONDITION LAST. (C) ..... L RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from. . 19\_\_\_, to. , 19\_\_\_, that I last saw the \_ and that death occurred at\_ \_m., from the causes and on the date stated above. deceased alive on 19 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 248, DATE TION REMOVAL (Specify) 25 EUNERAL ADDRESS DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

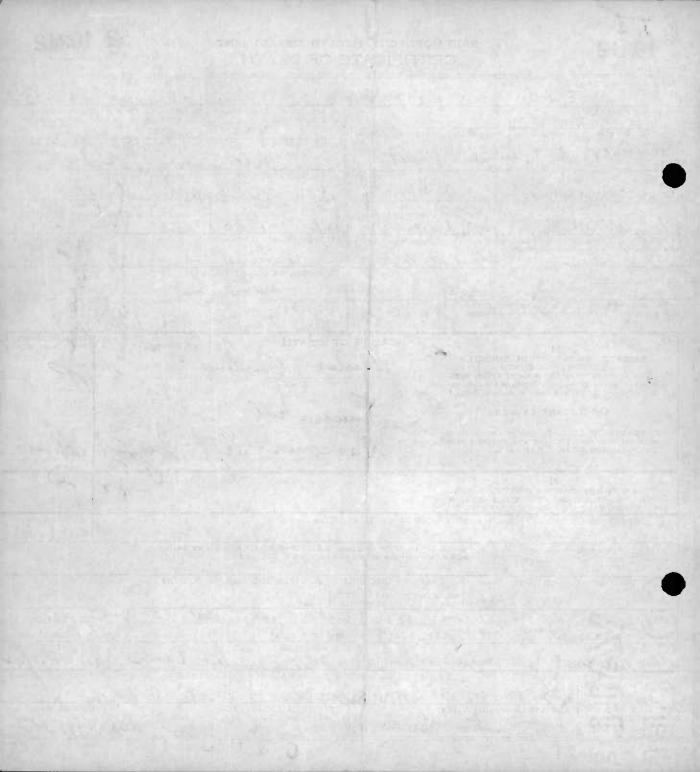
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52 10312
BIRTH NO.
1 NAME OF DECEAS

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

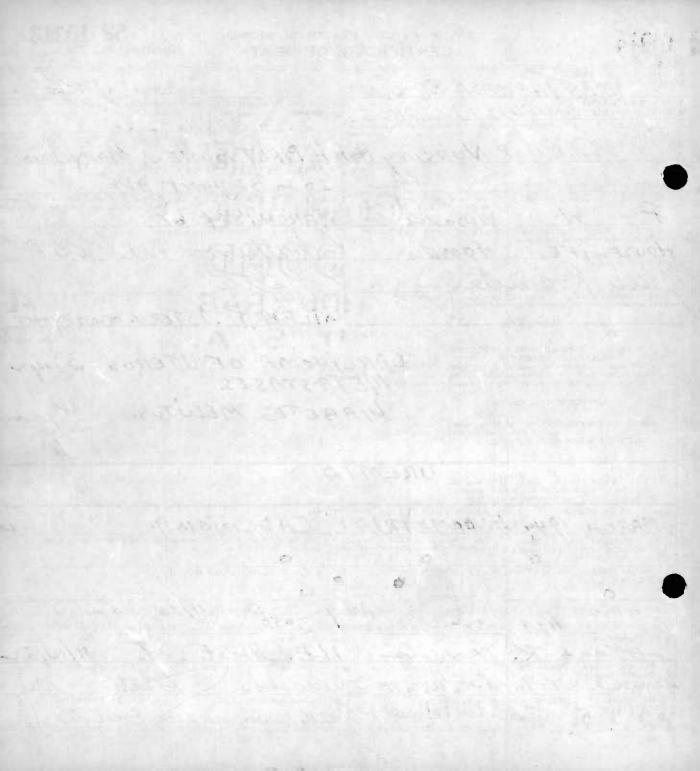
52 10342 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) EVA KREPKA	2. DATE OF DEATH AND 10 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence  A. STATE  B. COUNTY  before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RUKA L and give township
Yrs.	D. STREET ADDRESS (In rural, give location)
c. Length of stay in Baltimore	A16 S. Chapel Street
5. SEX G.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 19. AGE (in years if Under 1 Year Munch 24 Hours Min. 10.1880) 2
10A. USUAL OCCUPATION (Givekind of 10B. KINO OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)  Harane let at Present	Paland . WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. SARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Helen morita 326 D. Street
18. /98.   CAUSE C	OF DEATH Charrows Paintental Between
DISEASE OR CONDITION DIRECTLY	Line Pulmo -
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Control of the contro
injury or complication which caused death.) DUE TO	7 .
ANTECEDENT CAUSES	newborl
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	PIN DOUBLE
UNDERLYING CONDITION LAST.	seona. Left. Jugual Slaves
11.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20, AUTOPSY?
The same of operation of the mason findings of operation	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If In Baltimore City, give exact location) 1NJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	195 to flow. 10 , 19 that I last saw th
deceased pline on 100 9, 19 , and that death occur	
heelie Danne he M. D.	24/1 Cucles are for /1/9/1
24A. BURAL, CREMA- 2AB. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) State)
Burial MOD. 13 1952 ST STANISL	AUS Cem Balto. Causty 25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	John M. Webes 401 S. Cherter
VC 150	AN AN



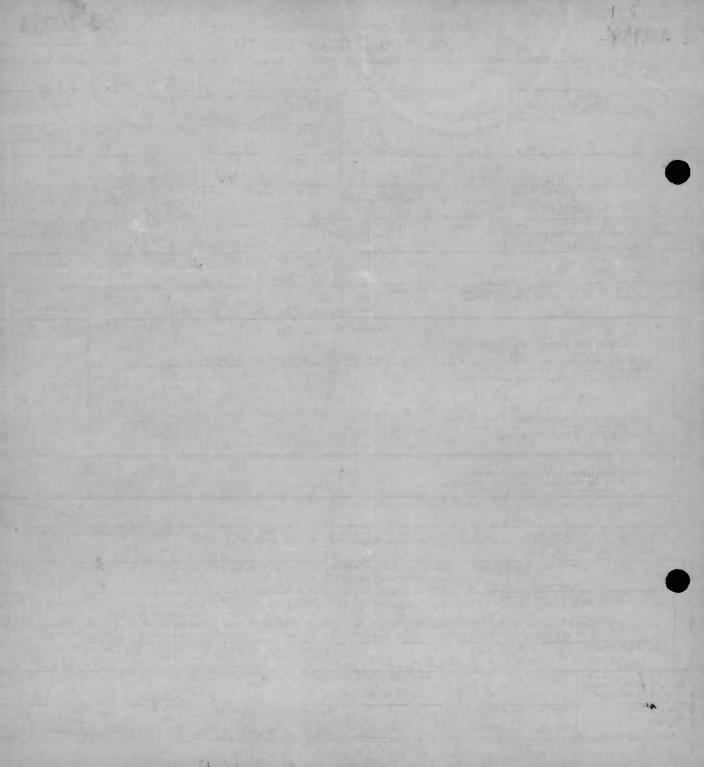
365 10313 BIRTH NO.
1. NAME OF (Type or Print)
3. PLACE OF

10313		TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	Registered No	10333
I. NAME OF DECEASE	0				
(Type or Print) MRS	THERESA	STERN.		2. DATE. OF DEATH	152
a. Baltimore City, M:		CHARLES	4. USUAL RESIDENCE (	Where deceased lived, It in B. COUNTY	stitution : residence before (dmission)
B. FULL NAME OF (I HOSPITAL OR INSTITUTION M/	f not in hospital or institution	on, give street address or location)	c. CITY OR TOWN	VANT HE	rite KURAL and give
160 1124	CHOR NU	RSING HON	- BALTIM	ORE MA	RVLPALA township)
ength of stay in H		R. Mos.	o. STREET ADDRESS (I	f rural, give location)	
	OR OR RACE   7. SINGLE.	MARRIED.	8. DATE OF BIRTH		der 1 Year   If Under 24 Hours
+ h	. WIDO	WED	MARCH 188	7 68	hs Days Hours Min.
10A. USUAL OCCUPATION ork done during most of working li	fe, even if retired)  Han	OF BUSINESS OR	11 BIRTHOLACE (State or	foreign country)	2. CITIZEN OF
YS FATHER'S NAME	7	18	14. MOTHER'S MAIDEN N	NAME TAU	WOA
Moses Re	seuster	u	getta		
15. WAS DECEASED EVER (Yes, no or ookoowo) (If yes,	give wer or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT		PRESS AVE
18.1734 an	rd 260X	CAUSE C	OF DEATH	ISTERN. 202	INTERVAL BETWEEN
LEADIN	CONDITION DIRECTLY	CARA	idana Dar	-117-000	ONSET AND DEATH
(This does not mea heart failure, asthen	in the mode of dying, e.g., iia, etc. It means the disease,	(A) CAISC	INDIVITY OF	TUTERUS	2/24/2
injury or complica	tion which caused death				
injury or complica	tion which caused death.)	OUE TO ME	TASTAS ES.		
ANTECE	CDENT CAUSES	OUE TO ME			Hyra
ANTECE	tion which caused death.)  DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE	OUE TO ME )  (B)	TASTAS ES.		Hyra
ANTECE  Z DISEASES OR COI	tion which caused death.)  DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE	OUE TO ME ) (B)	TASTAS ES.		Lyn
ANTECE  Z O DISEASES OR COI RISE TO THE ABOVE UNDERLYING CO	tion which caused death.) DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE NDITION LAST.	OUE TO ME )  (B)P/A.  OUE TO  (C)	TASTAS ES.		Hyra
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DISEASES OR COLUNDERLYING CO	TION Which caused death.)  DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE NDITION LAST.  II  ANT CONDITIONS CONCEATH, BUT NOT RELATED R. CONDITION CAUSING IT.	оче то МЕ ) (в)	ATION _	ELLÍTUS.	20. AUTOPSY? YES NO
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OTHER SIGNIFIC TRIBUTING TO THE DISEASE OF COLUNDERLYING COLUNDERLYING TO THE TO THE DISEASE OF COLUNDERLYING OR CONTROLLYING	DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE NDITION LAST.  II  ANT CONDITIONS CONCEATH, BUT NOT RELATED CONDITION CAUSING IT.  ATION 19B MAJOR CONCEATH, BUT NOT RELATED CONDITION CAUSING IT.  ATION 19B MAJOR CONCEATH CONCEATION CAUSING IT.  ATION 29B MAJOR CONDITION CONCEATION CAUSING IT.  ATION 29B MAJOR CONCEATION CONCE	OUE TO ME  (B)	ATION CARCINO INJURY OCCUR?	ELLITUS.  OM A-  (If in Baltimore City, give	YES NO Z
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OTHER SIGNIFIC TRIBUTING TO THE DISEASE OF COLUNDERLYING COLUNDERLYING TO THE TO THE DISEASE OF DATE OF OPERATOR CAUSE OF DEATH OF INJURY	DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE NDITION LAST.  II ANT CONDITIONS CONCEATH, BUT NOT RELATED R. CONDITION CAUSING IT.  ATION 19B MAJOR BOOM PRODUCT CONDITION CAUSING IT.  ATION 29B MAJOR CONCEATH CONDITION CAUSING IT.  ATION 19B MAJOR CONCEATH CONDITION CAUSING IT.  ATION 29B MAJOR CONCEATION CAUSING IT.  ATION 29B MAJOR CONCEATION CAUSING IT.  ATION 21B MAJOR CONCEATION CAUSING IT.	(B)  OUE TO  (C)  FINDINGS OF OPERA  FE OF INJURY (e. g., in m, fectory, street, office bidg., etc.)  IE. INJURY OCCURRE  HILE AT NOT WHILE  AT WORK  eceased from ACC  nd that death occurre  and that death occurre	ATION CARCINO PARTIES MONTH OF 21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	ELLITUS.  (If in Baltimore City, given a conservation of the conse	YES NO Le exact location)  that I last saw the date stated above.
OTHER SIGNIFICATION OF THE ABOVE UNDERLYING CONTINUED TO THE TO THE DISEASE OF 19A. DATE OF OPER.  21A. ACCIDENT WAS LYING OR CONTECAUSE OF DEATH 210. TIME (Month) FINJURY  22. I hereby certify deceased alive on 23A. SIGNATURE	DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE NDITION LAST.  II ANT CONDITIONS CONCEATH, BUT NOT RELATED R. CONDITION CAUSING IT. ATION 19B MAJOR R. CONDITION COURT PRODUCTION CAUSING IT. ATION 29B MAJOR C.	OUE TO  (B)  OUE TO  (C)  FINDINGS OF OPERA  FE OF INJURY (e. g., in m, fectory, street, office bidg., etc.)  IE. INJURY OCCURRE  AT WORK  RECEASED from AU  and that death occurry  123	ATION  CARCIN  TES M  T	ELLITUS.  (If in Baltimore City, given the causes and on the EST.	e exact location)  that I last saw the date stated above. 23c. DATE SIGNED
OTHER SIGNIFICATION OF THE ABOVE UNDERLYING CONTINUED TO THE TO THE DISEASE OF 19A. DATE OF OPER.  21A. ACCIDENT WAS LYING OR CONTECAUSE OF DEATH 210. TIME (Month) FINJURY  22. I hereby certify deceased alive on 23A. SIGNATURE	DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE NDITION LAST.  II ANT CONDITIONS CONCEATH, BUT NOT RELATED R. CONDITION CAUSING IT. ATION 19B MAJOR R. CONDITION COURT PRODUCTION CAUSING IT. ATION 29B MAJOR C.	OUE TO  (B)  OUE TO  (C)  FINDINGS OF OPERA  E OF INJURY (c. g., in m, fectory, street, office bldg., et  AND WHILE AT WORK  ecceased from AU  nd that death occurry  23	ATION  CARCIN  TES M  T	ELLITUS.  (If in Baltimore City, given a conservation of the conse	e exact location)  that I last saw the date stated above. 23c. DATE SIGNED
OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE OF COLUNDERLYING COLUNDERLYING TO THE TO THE DISEASE OF CAUSE OF DEATH  21A. ACCIDENT WA LYING OF CONTRACTUSE OF DEATH  21D. TIME (Month) FINJURY  22. I hereby certify deceased alive on 23A. SIGNATURE  24. BURIAL CREMATION, REMOVAL (Specify)	DENT CAUSES  NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE NDITION LAST.  II ANT CONDITIONS CONCEATH, BUT NOT RELATED R. CONDITION CAUSING IT. ATION 19B MAJOR R. CONDITION COURT PRODUCTION CAUSING IT. ATION 29B MAJOR C.	FINDINGS OF OPERA  FINDINGS OF OPERA  E OF INJURY (e.g., in m, fectory, street, office bldg., etc.)  IE. INJURY OCCURRE  AT WORK  AT WORK	ATION  CARCIN  TES M  T	ELLITUS.  (If in Baltimore City, given by OCCUR?  If the causes and on the EST.  OCATION (Gity, town, or Palto)	e exact location)  that I last saw the date stated above. 23c. DATE SIGNED



2	1031.4 BIRTH NO.				EALTH DEPARTMENT E OF DEATH	NT Registered	No. 10314
1.	. NAME OF DE	ECEASED	BORIS	ZINZ		2. DATE OF DEATH NOT	7. 10. 1952
А		ity, Maryland			A. STATE	(Where deceased lived. B. COUNTY	
H	OSPITAL OR NSTITUTION	OF 'f not in hospita		location)	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and gi townshi
			ive.& Co	ldspring Lane Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
		ay in Baltimore 6.COLOR OR RACE White	married as .	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	Garrison Ave	Il Under 1 Year II Under 24 Hou Months Days Hours Mir
10	DA USUAL OCC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. ARTHPLACE (State	74.0	12. CITIZEN OF WHAT COUNTRY
13					14. MOTHER'S MAIDE	NAME	
KY.	5. WAS DECEASE	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17 NEORMANT	Benz -	ADDRESS
TION	(This does heart failur injury or DISEASES RISE TO TH	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which en ANTECEDENT CAUS OR CONDITIONS, IF IE ABOVE CAUSE (A) ING CONDITION LAN ING CONDITION LAN	'H f dying, e.g., ns the disease, aused death.) ES ANY, GIVING STATING THE	(A)	of DEATH (	rosis	INTERVAL BETWEE
CERTIFICATION	OTHER SI	II GNIFICANT CONDITO THE OBATH, BUT I	FIONS CON-	(C)			
	STATE OF THE PERSON NAMED IN	F OPERATION 19		INDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH.						
W.							
	the evid	th in my opinion i	said Autop	su. Inspection or I	oove, new an	utopsy sy, Inspection or Inquiry d deceased died on a ide [], homicide [],	the day stated abov
	23A. SIGNAT	LIRE PA	Tisk	Cer M	238. CHIEF MEDICA ASSISTANT MEDICAL D. MEDICAL INVESTIG	AL EXAMINER	Nov. 11, 1952

244 BURIAL, CREMA-TION REMOVAL (Specify) 24F. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) (State) REGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS 23. FUNERAL DIRECTOR LOCAL REGISTRAR



52 10315 BIRTH NO.

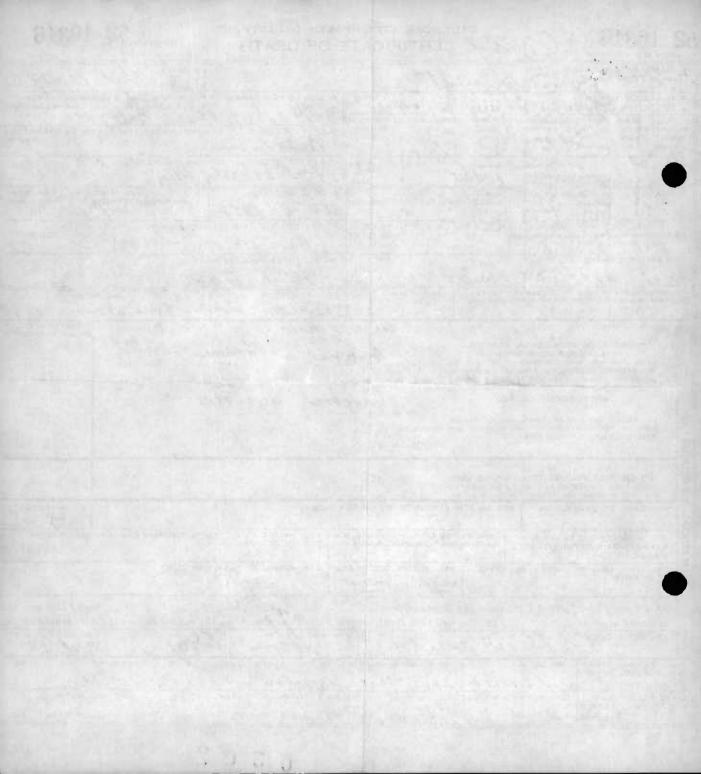
## BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 10315

B	RTH NO.			CLKIII ICAII	L OI DEATH		
1. NAME OF DECEASED (Type or Print) MORRIS WOHL						2. DATE OF DEATH	110/52
	Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Incation)			c. CITY OR TOWN	If outside corporate limit	ts write RURAL and give township)		
c.	Length of s	stay in Baltimore		Yrs. Mos. Days	11 7 4 3	If rural, give location)	eac #17
5.	Male	6. COLOR OR RACE		MARRIED VED, DIVORCED (Specify)	March 1895	AGE (In years last birthday) Mo	onths Days Hours Min.
		CUPATION (Givekindof of working life, eyen if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Nath			, In)	14. MOTHER'S MAIDEN	NAME	
15 (Ye	WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Jena Worl.	- 2216 hep-	DORESS Noyal Terras.
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED			Myocardial any Orting insoluration	Disease Cardio -	approx. approx. cyrs.	
AL C		OF OPERATION 0 1		FINDINGS OF OPER	ATION		20, AUTOPSY?
EDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLA about home, f	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City,	
M	PID. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
		live on you?		and that death occur	red at 5 cm., from 3B. ADDRESS		
TI	AA. BURIAN ON, REMOVAL (S	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	or county) (State)
D	ATE RECEIVE	D BY   DECEMBER	SSIGNAT	Villiams, M.	25. FUNERAL DIRECTOR	- 2100 Eu	ADDRESS taus M.
	VS 150			F . 02	996A30	6	
			2 24.0	W. 1			

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BALTIMORE CITY HEALTH DEPARTMENT 59 40040								
52	1034	6 2 2166	1		E OF DEATH	MENI Regi	stered No_	1.031.6
_	RTH NO.	4-441	27	OLIVIII TOXII	E OF BEAT			
	NAME OF D ype or Print)		Schmi	st		2. DATE OF DEATH	Nov	10, 1952
	PLACE OF D Baltimore (	EATH: City, Maryland On	way ?	to hospital	4. USUAL RESIDE	NCE (Where decease		itution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institution	on, give street address o location		vy PKwy,	Balt,	Nd.
	STITUTION	Sinai		100201011	Baltine	(If outside corpo	rate limits, wi	township)
1			A	Yrs.	_	Se (If rural, give lo	cation)	
4		tay in Baltimore	1 day	Mos. Days	13460 L11	berty Piky	5	5.2
5.	SEX	6. COLOR OF RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify	SEPT 24-/	9. AGE (In last birt	hday) Months	Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR		tate or foreign country	y)   12.	CITIZEN OF WHAT COUNTRY?
	NONE			_	BALTIN	IORE	THEC	WHAT GOOM AT
13	FATHER'S				14. MOTHER'S MA	IDEN NAME		
0.65		VART SCH			VERA	HAFER		
(Ye	, no or unknown)	(If you, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDF	
-	18. 752					CHMIDT 34	69 4136	INTERVAL BETWEEN
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  # Sp: ration Pilumenia  (A)  ASp: ration Pilumenia  (Erebral agenesis)							
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  (C)							
CERTIF	TRIBUTING	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
CA	01: 40		1 218 PLA	CE OF INJURY (e. g.,	in or   21c. WHERE D	ID (If in Baltime	re City, give	exact location)
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		arm, factory, street, office bldg.				
2	21D. TIME F INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
	22. I hereb	y certify that I att	ended the			, to	, 19, t/	hat I last saw the
	deceased a			and that death occu	erred at 10 m.,	from the causes of		
	23A. SIGNA	TURG. /J.	ma	ew M. D.	23B. ADDRESS	· 14093.	2	3c. DATE SIGNED
	AA. BURIAL, C		2	4c. NAME OF CEMET	ERY OR CREMATORY	24b. LOCATION	city, town, or	ounty) (State)
	URIAL	NOV. 12-	1952	BALTI MORE	NATIONAL	BAUTIM	ORE 1	ND
	ATE RECEIVE		S SIGNATU	RE.	25. FUNERAL DIR			DDRESS 2/12
	MUAIZ	1334 1-1	votor 1	Vittalus, My	FULL RICH FU	NERAL HOME	D	URDALK AV.
	VS 150		0					
				- 0 N	103	0 7		



52 10247 BALTIMORE CITY HEALTH DEPARTMENT

52 10217

	RTH NO.	13 (		CERTIFICAT	E OF DEATH	Registered N	Se Tro	33.
1.	NAME OF D	DECEASED				2. DATE		
	ype or Print)		MIITR			DEATHNOVEM	per 9,	1952
Α.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in yla nd		esidence admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (If	outside corperte limits,	Shite Dire	AT and since
	STITUTION	318 N. Kenw	rood A	venue	Baltimore	outside corporate inimis	A THE RURA	township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	11-11-11	
		stay in Baltimore	Lif	e Mos. Days	1318 N. Kenwo	od Avenue		
5.	SEX F	6. COLOR OR RACE	MIDÓM	e, married, /ED, DIVORCED (Specify) arried	July 15, 1881	9. AGE (In years If the last birthday) Mon	under i Year ii itlis Days H	Under 24 Hours ours Min.
10	A. USUAL OC	CUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN	OF
WOLI	Housew	of working life, even if retired) Ork	at h	ome industry	Baltimore, Md.		TISA	COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME		
	John F				Clara Blatchle	У	4-5	
Ye (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS	13
no	)			none	Harry G. Muir	- 1318 N. F	Cenwoo	d Ave
CERTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEAT not mean the mode o ure, asthenia, etc. It mea complication which o ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	f dying, e.g ns the diseas aused death ES ANY, GIVIN STATING TH	(B)	ronay Occh	sun		
CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D				
	19A. DATE	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AU	TOPSY?
V							YES	NO L
1EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (c. g., i farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact loc	ation)
7	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR1	347.51	
	MOOKI		m.	WHILE AT NOT WHILE				
	22. I herel	y certify that I att	ended the	deccased from	11/7 1952 to 1	1/7 .195	that I las	t san the
	deceased a	11/2	19 52	and that death occur	rred at 1 20 m., from th	he causes and on the		
ú	23A. SIGNA	TURE	0.1	/   2	238, ADDRESS		23c. DATE	
	Jac	esh Or on	Bull	м. р.	1011 N. Charles	St.	11/10/	
TIC	burial.	CREMA- 24B. DATE Specify)	52	Moreland $M_{ m e}$	emorial Cem Ral	timore, Md.	- W -	(State)
	ATE RECEIVE				AE EUNEDAL DIDECTOR		ADDRESS	1

A STATE OF THE STATE OF THE STATE OF

BALTIMORE CITY HEALTH DEPARTMENT Registered Ro 10318 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF Nov. 11, 1952 (Type or Print) bara 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF 10 HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RUBAL and give MOITHTEN township! mure Church D. STREET ADDRESS (If rural, give location) Yrs. Mos. E. Monument ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 1. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired? INDUSTRY WHAT COUNTRY mar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM eorge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL DRESS (If you, give war or dates of SECURITY NO. Lo CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR EINDINGS OF OPERATION 20. AUTOPSY nov. YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, form, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY BOT WHILE WHILE AT WORK 22. I hereby certify that, I attended the deceased from 11/2 , 195 to 11/11 1952 that I last saw the deceased alive on 11/1/, 1952 and that death occurred at 9:40 Am., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED 11/11

24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE Redeemer Cemetery I Baltimore, Ruria Holy ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE SONS, INC LOCAL REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF SALV HeleN WILCEN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location Yrs. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED. 9/AGE (In years) if Under 1-War last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10-27-52 OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATAER'S NAME MAIDEN NAME EVER IN U. S. ARMI D FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY EDICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 22. I hereby certify that I attended the deceased from 10-27-, 1952 to 11- R-, 1952 that I last saw the deceased alive on 1/- 2- 1952 and that death occurred at\_ \_m., from the causes and on the date stated above. 23A, SIGNATURE JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 248, DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR unlington Challes M. 50 VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10320 Registered No.

BI	RTH NO.		1.00		The same	4					
(T	NAME OF D	leste	r P.	Roc	sers		and the same of th		2. DATE OF DEATH	11/11	/1952
	3. PLACE OF DEATH: a. Baltimore City, Maryland						4. USUAL RESID	ENCE (W	here deceased B. COU	lived. If inst	titution : residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address of location						Md.	V (If	outside corne	rate limiter w	riteRULAL and give
IN	2514 E. Fayette St.					Baltimo		1	9-0	township	
				0		Yrs.	D. STREET ADDR		ural, give loc	ation)	
	Length of s	stay in Bal		7 SINGLE	, MARRIED.		2514 E.	/	9. AGE (ln	St.	or 1 Year   It Under 24 Hours
	Male	Whit	0	Mark	ed, divorced (	Specify)	3/13/191	3	last birth	day) Month	s Days Hours Min.
	done during most		ven if retired)			STRY	1. BIRTHPLACE	State or for	eign country	) 12	CITIZEN OF
-	FATHER'S		INC 3	ROICE	STATION		//rg/n	AIDEN NA	MF	- U	L.S. A.
	Charl	les A	2060	re		1	Dala W	1-+1	021		
15 (Ye	. WAS DECEAS	ED EVER IN	U. S. ARMED	FORCES?	16. SOCIAL SECURITY	NO	7. INFORMANT	·acr	, _ // _	ADDI	RESS
`	No				SECORITI	No.	atherine	L.Ro	Gers	25141	E. Fayette St
		0.0	1		CAL	JSE O	F DEATH				INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								0-1912	
	heart failt	s not mean ture, asthenia,	etc. It mea:	ns the disease	е,	11/2	- les a cons	ffee		got Cary	7-//3-
	injury or	complication			DUE TO	109	mujes	kan	127/13		
z		ANTECEDE			(B)	Mal	Xiple Cl	eers	Stou	coole	1952
NOIF	RISE TO T	S OR COND	AUSE (A)	STATING TH	G E DUE TO						
FICA	ONDERL	YING CONE	MITION LA	51.	(C)				•••••		
			11								
CERT	TRIBUTING	G TO THE DE	ATH, BUT	NOT RELATE	D						
		OF OPERAT			FINDINGS OF	OPERA'	TION				20. AUTOPSY?
Y.			0								YES NO
1EDICAL	21A. ACCIE LYING O CAUSE OF	R CONTRIB	UNDER- UTING	21B. PLA about home, fo	CE OF INJURY arm,factory,street,offic	(e.g., in c	21c. WHERE I	DID (If	in Baltimor	e City, give	exact location)
≥ ]	PID. TIME	(Month) (D	ay) (Year)	(Hour) 2	21E. INJURY OC	CURRED	21F. HOW DIE	YAULNI C	OCCUR?	Period Co.	REFILLED
				m.	WORK NOT	WHILE					
İ	22. I hereby certify that I attended the deceased from Cury , 195, to Wor , 195, that I last saw the										
	deceased a		6517	, 19,	and that death		a. ADDRESS	., from th	e causes ar		date stated above
	Celv	und	· B1	polle	CO M.		3426/3	ana	n		Vorn 52
24 TIC	A. BURIAL.	CREMA 24 Specify)	B. DATE	2			OR CREMATORY	24D. LC	CATION (Ci	ty, town, or	county) (State)
13	urial		14/19	52 (	Jak Lawr	1 Ce	metery	Bal	to. Coc	nty	Md.
LC	TE RECEIVE	RAR A	GISTRAR	SIGNATU	PF. ALLA M.	2 7	5. FUNERAL DIF	RECTOR	,		DDRESS
	MUVIZ	1334	miny	110	maun 1 3		arence T.	Moch	naun	1659 N.	Broadwall

0 = 2 29 A G KO 3 1

5	2 1032 IRTH NO.		CERTIFICATE OF DEATH Registered				Registered No	10321
	NAME OF DI		ARD	A. PHIL	LIPS		DATE OF DEATH	9/52
A		EATH: Sity, Maryland			4. USUAL RESID		deceased lived. If insti	itation : residence before admission)
H	FULL NAME ( OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution	n, give strect address o location	c. CITY OR TOWN	(If outsi	de corporate limits, wr	rite RURAL and give
-/	20	3518 EH	-10T1	- ST	BALT	TIMOI	RELO	( ownship)
C	Length of st	ay in Baltimore	LIF	Yrs. Mos. Days	3518 E	ESS (If rural	give location)	
5	SEX	6. COLOR OR RACE	7. SINGLE. WIDOWE		8. DATE OF BIRTI	29-	AGE (In years   If Under   Months	
10	DA. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign	country) 12.	CITIZEN OF
	RETI	LED. CLER	K P. M	R. INDUSTRY	BALTI	MORE	= MD 2	L S
	A PAIRER S N	INT KAL	SINIKI		14. MOTHER'S MA	CNOW		
13 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMER (If yes, give war or date:	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	CALORA	ADDR	ESS
	NO			SECONT I NO.	AUGUST PH	PLLIPS 3	3518 E41	ITT ST
	18. 42		SIDEAN W	CAUSE	OF DEATH	7		INTERVAL BETWEEN DNSET AND DEATH
	(This does heart failur	E OR CONDITION LEADING TO DEAT not mean the mode of the control of the control of	TH f dying, e.g., ns the disease,	000	kroduki (	? V-Aco	lack	Jan 3/52
NO		ANTECEDENT CAUS		Cha In	greatel	Degen	in Aini	Jan 3/52
ICATIO	RISE TO TH	OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	auge In y	readed T	Milen		11.7-12
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE DR CONDITION	NOT RELATED	2	mu			
CAL	19A. DATE	POPERATION 1	9B. MAJOR	FINDINGS OF OPE				20. AUTOPSY?
1EDIC	21A. ACCIDI LYING OR CAUSE OF I	ENT WAS UNDER-	21B. PLAC about home,	E OF INJURY (e. g., m, fectors, street, office bldg.	in or 21c. WHERE D	River (If in	Baltimore City, give	exact location)
2	ID. TIME () F INJURY	Month) (Day) (Year)	WI	TE. INJURY OCCURE	()-	INJURY OC	CUR?	
	22. I hereby	certify that I att			an all a	, to_//-		nat I last saw the
	deceased all	ive on 11-	_, 19 <u>5</u>		rred at A Pm.	, from the co		ate stated above.
		Zaschin	unk	м. д.	8428-8	exta	e	11-11-52
TI	4A. BURIAL, CON, REMOVAL (S)	REMA- 24B. DATE pecify) 11 13 19	52 2	AK LAV	ERY OR CREMATORY	BALT	TION (City, town, or c	ounty) (State)
D	ATE RECEIVED		S SIGNATUR	HIALLIAN M.P.	25. FUNERAL DIR		1639 Brown	dway

AD4167203 52 10322 BIRTH NO. 49 - 022 /

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10322

В	IRTH NO.	9-022/3		CERTIFICATI	E OF DEATH	Registered	No	
1.	NAME OF D	ECEASED	larion :	Fuller		2. DATE OF DEATH NOV	9-1952	
А.	FULL NAME	City, Maryland	al or institut	tion, give street address or	4. USUAL RESIDENCE (V A. STATE Maryland	Where deceased lived, In B. COUNTY	f institution : residence before ndmission)	
	OSPITAL OR ISTITUTION	Baltimore Ci 4940 Eastern			Baltimore	Lal	t, write DULAL and give ownship)	
		tay in Baltimore		Yrs. Mos. Dnys	D. STREET ADDRESS (If 918 Russe	rural, give location)		
	SEX F	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify) Le	Jan. 23-1949		If Under 1 Year on the Days Hours Min.	
WOF:	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY?	
	B. FATHER'S	Lemuel Ful			14. MOTHER'S MAIDEN N. Julia Weeks	AME		
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEE (If yes, give war or dated	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANTHO Eas Baltimore City Ho	tern Ave.	ADDRESS	
NOL	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO  CAUSE OF DEATH  (A) Myelitis Etiology undetermined Due To							
ERTIFICATION	OTHER S	II GIGNIFICANT CONDITION TO THE DEATH, BUT	ST.	(c) Lobar 1	Pneumonia		lmo.	
U	TO THE D	ISEASE OR CONDITION	CAUSING I		ATION		20. AUTOPSY?	
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. R CONTRIBUTING		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,		
2	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from 10-5-, 1952, to 11-9-, 1952, the deceased alive on 11-9-, 1952, and that death occurred at 7.20P m., from the causes and on the deceased alive on 1238. ADDRESS							
2.	4A. BURIAL.	CREMA- 2/4B. DATE		M. D. 44	940 Eastern Ave. J	Baltimore Md.	11-10-1952	
D	ATE RECEIVE	D BY   REGISTRAR	s signatur	mt Cale	25 FUNERAL DIRECTOR	A. Co Mu Brown	ADDRESS	
	VS 150		0	5 .: 0	012840 31	with on	ery SV	

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+	540					F9	12225	
5 BI	52 10323  BALTIMORE CITY HEALTH DEPARTMENT 52 10323  CERTIFICATE OF DEATH Registered No							
	NAME OF DE	CEASED Lee	P.	Vance		2. DATE OF DEATH NOV.	10,1852	
A.		ty, Maryland	al on institut	ion, give street address or	A. STATE	(Where deceased lived, If ins	stitution : residence before admission)	
HC	SPITAL OR	13 inere 6 ca		location)		If outside corporate limits, v	write RURAL and give township)	
		ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (	If rural, give location)	2 5-	
1		6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Month		
	done during most of	UPATION (Give kind of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?	
	FATHER'S NA	rance		- FMULMORS	14. MOTHER'S MAIDEN	Sally ?		
15. (Yes	was DECEASED	EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT  FROM	19 - JASE	DRESS	
TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  CAUSE OF DEATH  Cereby L accident, published to the condition of th							
CERTIFICA	OTHER SIG	II GNIFICANT CONDITION TO THE DEATH, BUT	TIONS CON	D	1			
AL	19A. DATE OF	OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		YES NO	
EDIC		NT WAS UNDER- CONTRIBUTING	21B. PLA about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n er 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, give	e exact location)	
Σ	FINJURY	Month) (Day) (Year)	m.	21E. INJURY OCCURR WHILE AT WORK				
22. I hereby certify that I attended the deceased from Nov. 9, 1952, to Nov. 10, 1952, that I deceased alive on Nov. 16, 1952, and that death occurred at 4:10 Pm., from the causes and on the date 23A. SIGNATURE  W. W. Couway  M. D. South Baltimore Genl 1650.								
2.4 TIC	A. BURIAL, CE	REMA- eccify) // ·/3	52	MICH do		LOCATION (City, town, or	county) (State)	
	TE RECEIVED CAL REGISTR NOV 1 2	BY REGISTRAR	s SIGNATU	Williams, M.	5 FUNERAL DIRECTOR	Du cheer	ADDRESS	
	V\$ 150		1 9	5 26 800	9 130 6 7	Town Hos.		

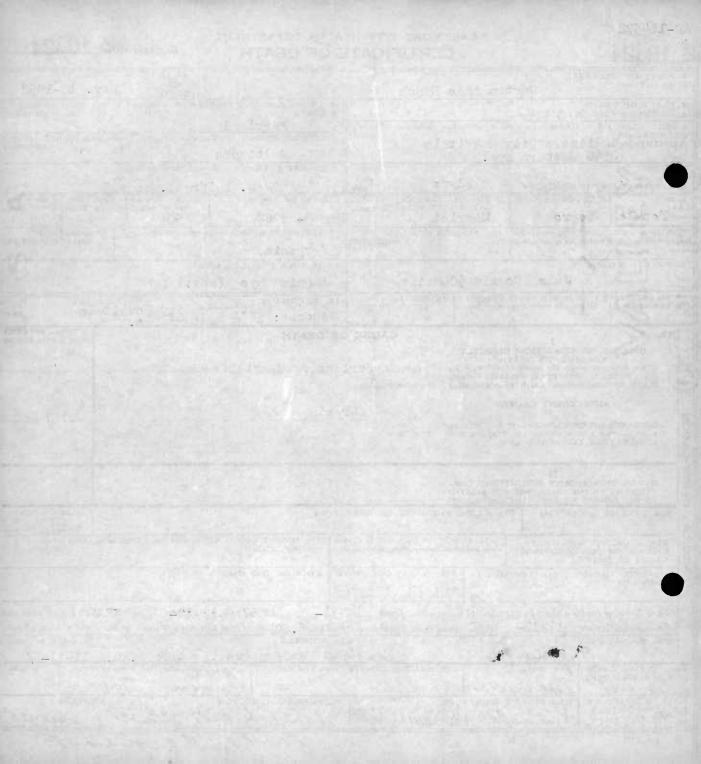
HOT A MEDICAL EXAMINER'S CASE

CHIEF ON ASS'T, MEDICAL EXAMINER

	BALTIMORE CITY HE	EALTH DEPARTMENT	FO 1000:				
2,10324	CERTIFICATI	E OF DEATH	Registered 20324				
1. NAME OF DECEASED (Type or Print)  Martha	Anne Lynch		ATE OF EATH Nov. 10-1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland			eceased lived. If institution: residence  B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or	institution, give street address or	Maryland					
HOSPITAL OR Baltimore City H	lospitals	c. CITY OR TOWN (If outside Baltimore	e corpolate limits, write RURAL and give township)				
	Yrs.	D. STREET ADDRESS (If rural,					
5. SEX   6. COLOR OR RACE   7.	22yrs Days	802 N. Wolfe	St. zone 5				
Female Negro	WIDOWED, DIVORCED (Specify)	la	GE (In years Il Under I Year st birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10) work done during most of working life, eyen if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of Virginia	20untry) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
John Cous	in (Cousins)	Jannie Mayo (Mays)					
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	Records: 1940 Faste	ity Hospitals				
DISEASE OR CONDITION DIRECTION OF LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the Injury or complication which cause  ANTECEDENT CAUSES	ECTLY  ing, e. g.,  ing disease,  d death.)  DUE TO	of Death tensive Heart Disease	INTERVAL BETWEEN ONSET AND DEATH				
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	Y, GIVING	remia					
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED						
19A DATE OF OPERATION 1 19B	MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?				
V V			YES X NO				
	1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., e		altimore City, give exact location)				
PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
22. I hereby certify that I attend	ed the deceased from 10	_31, 19_52 to 11_10	, 19 52 that I last saw the				
deceased alive on 11-10-, 19	52, and that death occur	red at 5.20PM., from the car	uses and on the date stated above.				
23A. SIGNATURE HOLL		38. ADDRESS	23c. DATE SIGNED				
24A. BURIAL, CREMA- TION-REMOVAL (Specify)		940 Eastern Ave. Balt					
General Nov 13/5	2	Even	r Va.				
DATE RECEIVED BY REGISTRAR'S SI	GNATURE	25. FUNERAL DIRECTOR	ADDREAS				

VS 150

1/29 n. Carline St.



Registered \$2 10325 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Wurzbacher OF Nov. 11, 1952 HELEN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION East 32nd Street 1909 Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1909 East 32nd Street c. Length of stay in Baltimore Dove 6. COLOR OR RACE 8. DATE OF BIRTH 1902 9. AGE (In years) 7. SINGLE, MARRIED. If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. female white widowed 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY at home Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthias Kneavel Veronica 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. ARREN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Breast. Careinone a YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Sept 29, 1957 to Nov 11, 1952, that I last saw the deceased alive on Nov 11 1952 and that death occurred at 8 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED and. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore, Maryland Burial Parkwood Cematery DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR dward J. Ruck, 5305 Harford Road. VS 150

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BALTIMORE	CHY	HEALTH	DEPARTME
CERTI	FICA	TE OF	DEATH

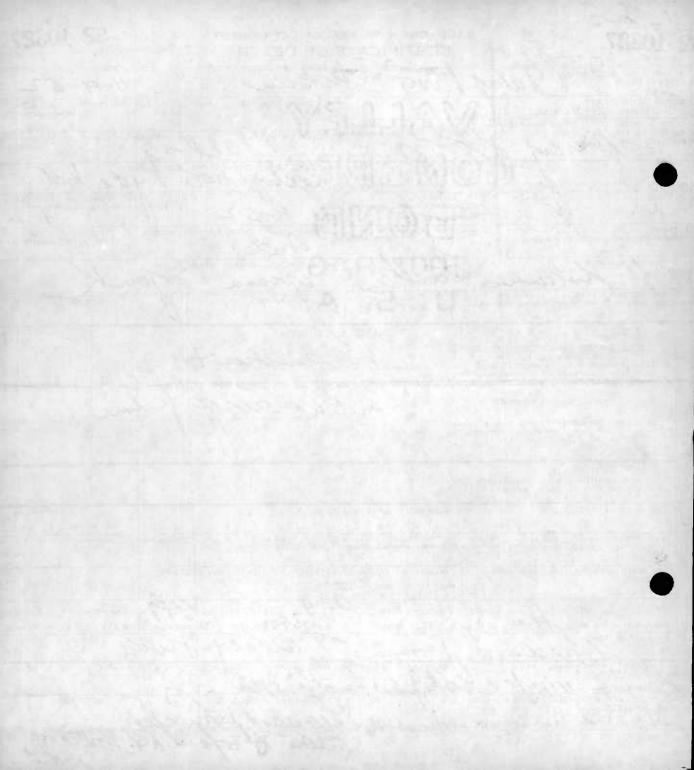
-	LUCA			CERTIFI	CAT	E OF DEATH	Register	ed No	
	RTH NO.								
1. (T	NAME OF D	DECEASED MAF	RY A	NN BLA	CK		2. DATE OF DEATH N	ov. 11,	1952
Α.		City, Maryland				4. USUAL RESIDENCE (V	Where deceased live	d. If institution	
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit			ddress or location)	Maryland c. CITY OR TOWN (II Baltimor	f outside corporate	imits, write H	UPAL and giv township
(	Length of s	stay in Baltimore			Yrs. Mos. Days	D. STREET ADDRESS (If 6024 Old Har	rural, give location	,	
5.	sex male	6.COLOR OR RACE	7. SINGLE. WIDOWE W10	MARRIED. D. DIVORCED DWED		B. DATE OF BIRTH	9. AGE (In year last hirthday)	rs It Under 1 Year ) Months Days	M Under 24 Hours Hours Min
1 C worl	A. USUAL OC done during most at h	CCUPATION (Give kind of of working life, even If retired) OME	108. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or f Baltimore, Mar		12. CITIZ WHA	ZEN OF T COUNTRY
John E. Frey			3.8	14. MOTHER'S MAIDEN N Charlotte Hump	AME				
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURIT	Y NO.	17. INFORMANT Mrs. Charlotte	0'Keefe	ADDRESS, Old H	6024 larford
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1 UNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDITION TO THE DEATH, BUT	ITH  If dying, e. g.,  In sthe disease,  aused death.)  EES  F ANY, GIVING  STATING THE  ST.  TIONS CON-	OUE TO	wit	L'usum of K	u stour	al 4	{
O	TO THE D	ISEASE OR CONDITION	CAUSING IT.	FINDINGS O	F OPER	ATION		20. YES	AUTOPSY?
MEDICAL	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY								
	22. I hereby certify that I attended the deceased from September, 1952, to how 10, 1952, that I last saw the deceased alive on Low 10, 1952, and that death occurred at 730 Am., from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  11. 11. 52								
TIO	Burial, ON, REMOVAL (S Buria ATE RECEIVE	Specify)  1 11/14  D BY   REGISTRAR	/52	New Ca	thed	ry or CREMATORY 240. L ral Com Ba 25 FUNERAL DIRECTOR	ocation (City, t	Maryla	) (State) nd
1	TOV REGIST	1952 Huntin	ston We	Hiscus.	Mir	Deonard J. Ruc	k, 5305	Harford	Road.

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VS 150

Dr. Skloven 12.

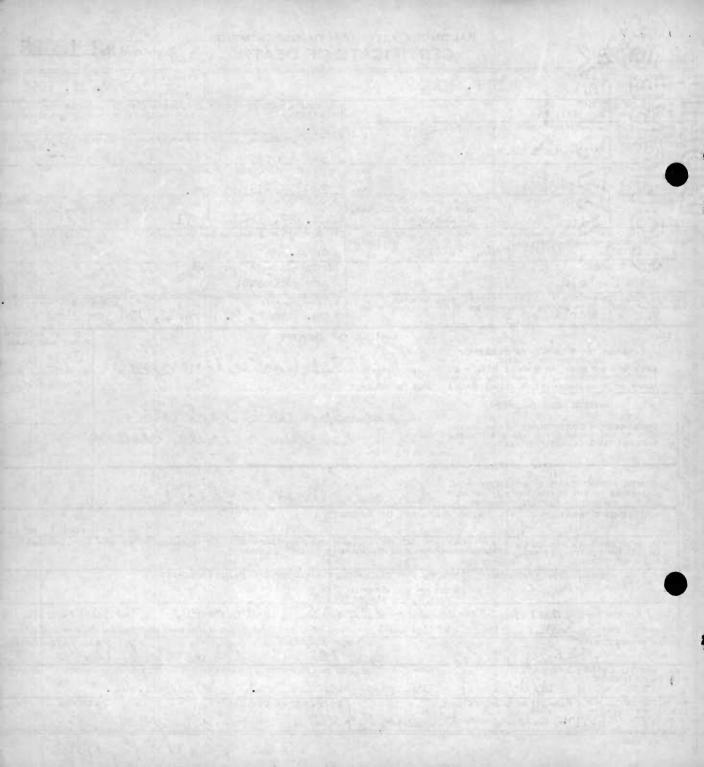
BALTIMORE CITY HEALTH DEPARTMENT 52 10327 Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 11-9-52 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY , before admission) B. FULL NAME OF (If not in hospita) or institution, give street address or unit HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural live location) Mos. hgth of stay in Baldmore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | ff Under | Year | ff Under 24 Hours | Months Days | Hours | Min. rug (2 10A. USUAL OCCUPATION (Give kied of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTH ER'S MAIDEN NAM una 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or onknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE 1962, to 11-9, 1957 that I last saw the Opm., from the courses and on the date stated above. 22. I hereby certify that I attended the deceased from 11deceased alive on 11-9 . 19 Land that death occurred at 23A. SIGNATURE 23B. ADDRE 23c. DATE SIGNEO 24A. BURIAL, CREMA- 24B. DATE LOCATION (City, jown, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE INERAL DIREC ADDRESS VS 150



A-614

### BALTIMORE CITY HEALTH DEPARTMENT

5	RTH1062	8		CERTIFICAT	E OF DEATH	Registe	ered 502	_10	1328
1. (T	NAME OF D 'ype or Print)	ECEASED ROBI	ERT P. H	HARBOLD		2. DATE OF DEATH	Nov.	11,	1952
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased li- B. COUN			residence re admission)
H				ion, give street address or location)		outside corporat	e limits, wri	te Rui	AL and give
	0-0	2808 Hamilto	on Ave.		Baltimore	-	)(		) township)
C	Length of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on		
	SEX	6. COLOR OR RACE	7. SINGLE	Days  E. MARRIED.  ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In yes			If Under 24 Hours Hours: Min.
	ale	white	man	rried	Jan. 22, 1881	71	y) Months	Days	nours Min.
wor]	done during most of	CUPATION (Give kind of for working life, even if retired)  (Rtd)	12 (4)	of Business or INDUSTRY	11. BIRTHPLACE (State or for Penna.	oreign country)		VHAT	OUNTRY?
	FATHER'S N		0.0.	Almy	14. MOTHER'S MAIDEN N	AME			
	John H				Mary McKeever				
15 (Ye	yes	O EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Com. Robert P. H	arbold, l	ADDA 29 Spa	ngpo Vie	w/
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
AL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION U			-	UTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?								
	m. WHILE AT NOT WHILE AT WORK								
	22. I hereby certify that I attended the deceased from March 4, 1950 to nov.//, 1957, that I last saw the								
4	deceased alive on how. 3, 1952, and that death occurred at 1 A.m., from the causes and on the date stated above.  23A SIGNATURE  AND LOS HARDON 12, 1952								
710	N, REMOVAL (S Removal	24B. DATE pecify) 11/11/		Arlington N	O/	rlington,		unty)	(State)
D/ LC	ATE RECEIVED	BY REGISTRAR			25. FUNERAL DIRECTOR	dener		RESS	2
	VS 150		7 5	2 59591	0 7 1 0	bacto.	17,1	Mo	(



HOSPITAL OR

female

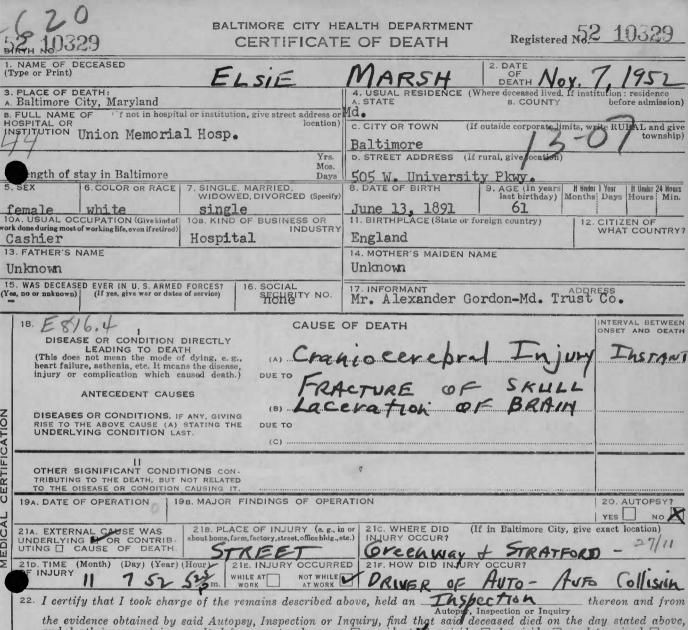
Unknown

Ü

(Yes, no or nnknown)

13. FATHER'S NAME

whi.te



21A. EXTERNAL CLUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

19A. DATE OF OPERATION

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY! 11/12/52 Loudon Park Cem. Gremation DATE RECEIVED BY REGISTRAR'S SIGNAL

FUNERAL DIRECTOR

Balto.

24b. LOCATION (City, town, or county)

151 N 803.2

LOCAL REGISTRAR

FINJURY

23A. SIGNATURE

and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [].

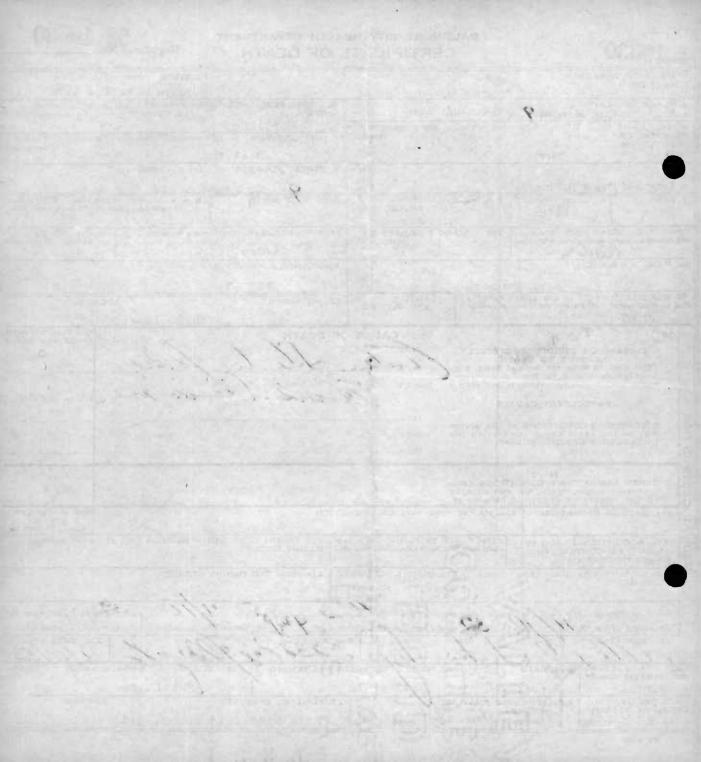
23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR

din f. Ticherer 4 din

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10330

1. NAME OF DECEA (Type or Print)		Custav	R. Raubach		2. DATE OF DEATH NOV.	10, 195	52
3. PLACE OF DEATH A. Baltimore City,	1.			4. USUAL RESIDENCE		f institution:	
B. FULL NAME OF HOSPITAL OR	(If not in hospit	al or institut	ion, give street address or location)	Maryland		1	
INSTITUTION			location)		If outside corporate limi	its; write RUR	township)
			Yrs.	Baltin		1	
c. Length of stay i	in Baltimore		Mos. Days		awood Ave		
5. SEX 6.C	OLOR OR RACE		E. MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year	If Under 24 Hours
Male	White		Widower		last birthday) M	ontils Days	tours Min.
10A. USUAL OCCUP, work done during mount work	ATION (Give kind of ing life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore	foreign country)	12. CITIZE WHAT	N OF COUNTRY?
13. FATHER'S NAME	E THEATTAN			14. MOTHER'S MAIDEN	NAME		
	John R						
15. WAS DECEASED EV (Yes, no or nuknown) (If	ER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS	
				Wr David Raub	ach710 Linwoo	od Ave	
(This does not heart failure, as	R CONDITION ADING TO DEA' mean the mode of thenia, etc. It mea plication which of	TH of dying, e.g ons the diseas	6. 6.	DE DEATH	Jackes .	ONSET	AL BETWEEN AND DEATH
DISEASES OR RISE TO THE A UNDERLYING	CONDITIONS, II BOVE CAUSE (A) CONDITION LA II FICANT CONDI	F ANY, GIVIN STATING TH ST.	(C)		ę.		
	E OR CONDITION	CAUSING I		ATION		1.20 41	UTOPSY?
A ISALE OF OF	EKATION	SB. MAJOR	FINDINGS OF OPER	ATION		YES	No L
21A. ACCIDENT LYING OR CO CAUSE OF DEAT	NTRIBUTING		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City,		
D. TIME (Mont	th) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUI	RY OCCUR?		
I INSORT		m.	WHILE AT . NOT WHILE		1		
22. I hereby cer deceased alive c 23A. SIGNATURE	on 11/ jl	-	deceased from and that death occur	red at / m., from	the causes and on		
24A. BURIAL, CREM TION, REMOVAL (Specif	у)		//	RY OR CREMATORY 24D.	//-	n, or county)	(State)
Burial DATE RECEIVED BY	Nov. I		Baltimore	25. FUNERAL DIRECTOR	Baltimore	ADDRESS	
LOCAL REGISTRAS	2 Hunt	ington	Williams, My		ld 900 E. Bid		
VS 150		0	1			A. 2. 112	



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5	ETH.	11	)3	31	
1.	NAM	1E	OF	DECE	

#### CERTIFICATE OF DEATH Registered 52 10331 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	L OF BEATH			
1. NAME OF DECEASED (Type or Print)  Robert Mc Nall	2. DATE 7:00 a. m.  OF DEATH Nov. 12 -51			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Bettimme maryland,			
INSTITUTION P. THE STATE OF THE PARTY OF THE	C. CITY OR TOWN (If outside corporate limits, write RURAL and give to (inship)			
Yrs.	o. STREET ADDRESS (If rural, give location)			
ength of stay in Baltimore 3 2 yet. Mos. Days	1200 Valley St			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year I Under 24 Hours last birthday) Months; Days Hours Min.			
Male White 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	11/BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
work done during a fee of working life, oven if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15 Was Decrees Me Hally	Bridget Barr			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yee, give war or dates of service)   16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Little Sisters of the Pour			
18. 421.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/100 / 100000			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				
injury or complication which caused death.) DUE TO				
Z ANTECEDENT CAUSES	lesco clerosis 3 4is			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
UNDERLYING CONDITION LAST.				
E II				
OTHER SIGNIFICANT CONDITIONS CON-				
194. DATE OF OPERATION   198 MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?			
0	YES NO			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home farm, street, office bldg., about home farm	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR:	ED 21F. HOW DID INJURY OCCUR?			
m. WHILE AT NOT WHILE AT WORK				
2 nord g core g court 2 accentaca circ accetaca ji one	0 /- , 1952, to New 12- , 1952; that I last saw the			
deceased alive on Novii-, 1952, and that death occurred at Am, from the causes and on the date stated above.				
23A. SIGNATURE & Gell Hall MD M.O.	1631 ENorth ave 230. DATE SIGNED			
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)			
Bureal nov 14, 1952 Callies	dral Balumore			
LOCAL REGISTRAR  LOCAL REGISTRAR  Tunturator	25. FUNERAL DIRECTOR ADDRESS			
VS 150	sura villacia y oo c. vialle st			
V3 130	0 3 2 2			

R-153	52 40200
52 10332 BALTIMORE CITY HE CERTIFICATE	
BIRTH NO.	L OF DEATH
1. NAME OF DECEASED (Type or Print) (People P. Robinst	1/5 2. DATE OF DEATH NOV. 9-1952
S. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION P. North Phriso Tout Ches	Baltimore Loit/ 20-0 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	4. N. HOINGTON HOE.
5.55X 6.COLOR OF RACE 7. SUNGLE, MARRIED. (Specify)	8. DATE OF BIRTH 9. AGE (In years It under I ver It under 24 Hours last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR workdone during most of workfundlife, even if retired)	(U. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)  RUCK. DRIVER IPUCKING.	MARVIAND WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
Eugeneel Ketricotte	MARY Dolz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT PD ADDRESS
No- 215-09-4050	IMPLIANA NO INCTITE - DOMS
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	vary Frombosis 6 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	1-00. 20.0.
113 70	un coroso, Julians
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et	or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	to.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	1 1 M . A
22. Thereby certify that I oftended the deceased from	1947 to NOT 9, 195 That I last saw the
declased alive on 11-, 9, 1950, and that death occur	red at J. J. from the causes and on the date stated above.
23 SIGNIFIELLOMSON " M.D. 2	35-24 Elmonden - Belto G 11-11-12
244 BURVAL, CREMA- 248 DATE 24C. NAME OF CEMETER	
TION SEMOVAL (Specify)	RY OR CREMATORY 240 COLATION (City, town, or county) (State)
11/1/10/ 1/0/ 1/52 1/20 1/20	RY OR CREMATORY 240 COCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAN'S SIGNATURE	RY OR CREMATORY 240 COATION (City, town, or county) (State) 25 FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAN'S SIGNATURE LOCAL REGISTRAN  MOV 1 2 1055 withington Villaurs M.J.	But Deleviere lies
LOCAL REGISTRAR	But Deleviere lies

M-200			
CERTIFICAT	EALTH DEPARTMENT E OF DEATH	52 Registered No.	10333
1. NAME OF DECEASED Af a MAGE OF Print)		2. DATE // /2	11000
3. PLACE OF DEATH:	4. USUAL RESIDENCE (W	DEATH //	itution: residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	B. COUNTY	before admission)
HOSPITAL OR location)		outside corporate limits, wr	rite RURAL and give
(91) 1007 Vine St. Yrs.	D. STREET ADDRESS (If p	cural, give location)	8-02
c. Length of stay in Baltimore Mos.	1007 V	ine. De	1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	6/20/1894	9. AGE (In years last birthday) Months	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	IME .	7.3.14
Fred Summs	( Caren	da to	nuson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDR	10-1
18. 420.1 CAUSE	OF DEATH	903 800	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		•	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	very but for	elen	***************************************
injury or complication which caused death.) DUE TO	01		
ANTECEDENT CAUSES	alized lite	upselessis	4
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	+ 01	- P A	
UNDERLYING CONDITION LAST.	veniene corne	was later He	eag
OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	~		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		OCCUR?	United to the same of the same
m. WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from	332195 to le		hat I last saw the
deceased alive on July, 19 and that death occur	rred at 1 m from th	ie causes and on the d	ate stated above.
within to hest M.D.V	702 Columns	lace Gus 1	11-10-52
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	THE OR CREMATORY 240. LC	OCATION (City, town, or c	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AE	DRESS
NOV 1 2 1052 Star to Williams Hill	Charles an	Rice 661W	Barrest
VS 150	CA		

52	10334

ission)

nd give

nship

24 Hours Min.

DORIS E. DUVALI	1	2. DATE OF DEATH	Nov. 10,	1952
n or institution, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland	here deceased B. COU		ion : reside before adm
location) eran Hospital	c. CITY OR TOWN (If Baltimore	outside empore	limits, rite	URAL ar
Yrs. Mos.	D. STREET ADDRESS (If		tion)	
7. SINGLE, MARRIED.	8. DATE OF BIRTH		K ()-d 1 V-	- 1 K II. 4
WIDOWED, DIVORCED (Specify) Single	1936	9. AGE (In y last birthd	ears If Under 1 Ye lay) Months Da	

length of stay in Baltimore					
S. SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify)		
female	white	Single			
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR					

ork done during most of working life, even if retired) Western High School

Luth

13. FATHER'S NAME Samuel Duvall

19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-

UTING CAUSE OF DEATH

F INJURY

23A, SIGNATURE

burial

B. FULL NAME OF f not in hospita

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

DUE TO

DUE TO (C) .....

16. SOCIAL

SECURITY NO.

CAUSE OF DEATH

Marie Shifflett

17. INFORMANT Mrs. Howard E. Green, 111 Upmanor Road

21c. WHERE DID

INJURY OCCUR?

Maryland

14. MOTHER'S MAIDEN NAME

11. BIRTHPLACE (State or foreign country)

(A) Crushing injury of chest

20. AUTOPSY?

YES

Iry thereon and from

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

street

21D. TIME (Month) (Day) (Year) (Hour)

P .m.

21E. INJURY OCCURRED WORK

NOT WHILE

22. I certify that I took charge of the remains described above, held an inspection of Inquity
Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes  $\Box$ , accident  $\boxtimes$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ .

MEDICAL INVESTIGATOR ..... Morgan Chapel Cemetery 25. FUNERAL DIRECTOR

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

12. CITIZEN OF

WHAT COUNTRY

23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER Nov. 11, 1952 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Near Woodbine Maryland ADDRESS Sykesville, Md.

under rear

(If in Baltimore City, give exact location)

3300 block Edmondson Ave.-Denison St

21F. HOW DID INJURY OCCUR? Auto & streetcar

collision-passenger thrown from auto.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

HOSPITAL OR

INSTITUTION

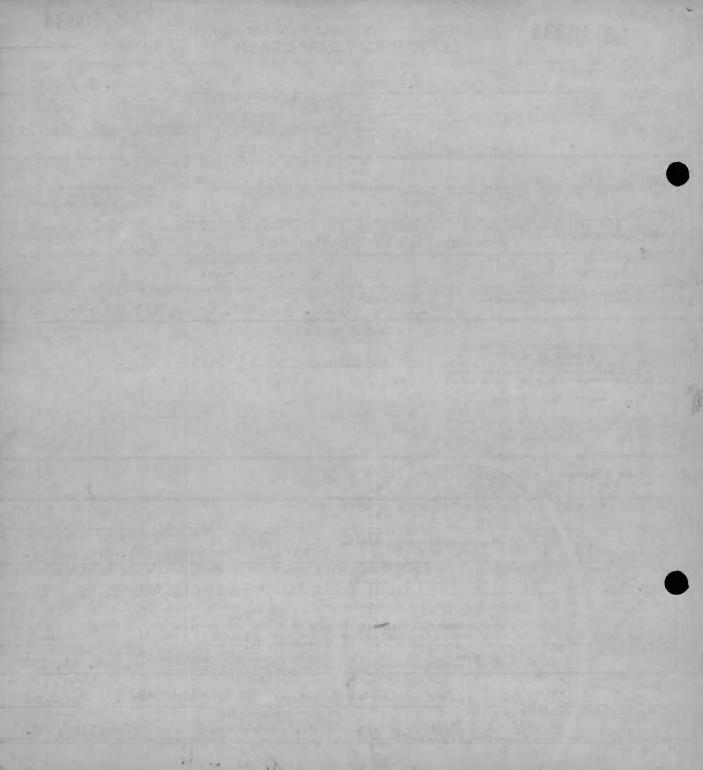
ERTIFICATION  $\overline{0}$ 

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

8:15

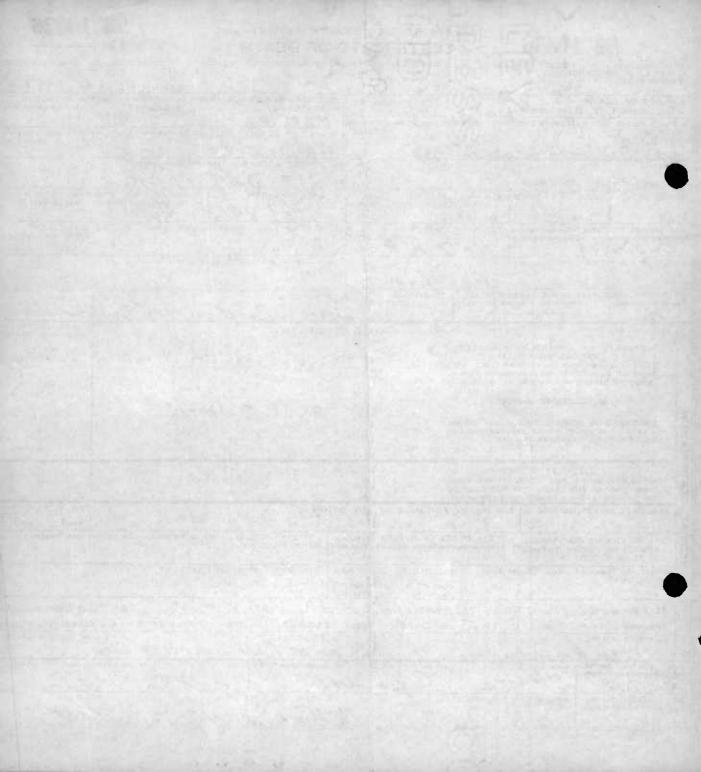


36352 10335 52 10335 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE weather wood (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND CARROLL HOSPITAL OR lostion) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION SYKESVILLE D. STREET ADDRESS (If rural, give location) OKLAHOMA c. Length of stay in Baltimore KOAD Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) Il Under 24 Hours AGE (in years) If Under I Year | II Under 24 Hours last birthday) | Months: Days | Hours: Min. IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? TOULTRY MAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOS HUA VIRGINIA LEATHER WOOD 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. A. LEATHERWOOD, SYKESULL NONE FLORENCE 18. OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? NOT WHILE AT WORK . 1952 to\_ 22. I hereby certify that I attended the deceased from... 19 5 2 and that death occurred at 3:30 pm., from the causes and on the date stated above. deceased alive on 11/10 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) WARD'S CHAPEL BALTIMORE DATE RECEIVED BY LOCAL REGISTRAR

### THE ATMINISTRATION OF THE METATOR

The state of the s

2	_60 RTH NO.	<b>52</b>	10336				ALTH DEPARTME		52 stered No.	103	36
	NAME OF		BEECHE TO	. He	MER	G		2. DATE OF DEATH	NOU.	10,1	952
	PLACE OF Baltimor		Maryland	Balto	. md.		4. USUAL RESIDENC	E (Where decease B. CO			esidence admission)
HC	SPITAL C	R //	(If not in hospit	al or institut	ion, give stree	et address or location)	c. CITY OR TOWN	(If outside corp	rate lights, v	rite RUR	
50	uth 1		more Ger	reral_	Hosp.		Baltimor D. STREET ADDRESS	(If rural, give lo		A STATE OF THE PARTY OF THE PAR	township)
	ength o	f stav	in Baltimore			Yrs. Mos. Days	1215 Battery Ave.				
5.	SEX		OLOR OR RACE		E. MARRIED	).	8. DATE OF BIRTH	9. AGE (III last birt	n years If Und hday) Month		Under 24 Hours ours Min.
m	AL USUAL	OCCUP	White ATION (Givekind of	Marr 108. KIND	OF BUSIN	ESS OR	11. BIRTHPLACE (State	6 56 e or foreign countr	y)   12	CITIZE	N OF
		post of wor	king life, even if retired)	Br	OR.	RUSTRY	Maryland	1		WHAT	COUNTRY
13	FATHER	S NAM	E	2			14. MOTHER'S MAIDE	NAME			
15	. WAS DECI	EASED E	VER IN U, S. ARMEI	FORCES?	16. SOCIA		17. INFORMANT		ADD	RESS	
(Yes	No or unkno	(awa)	If yes, give war or date	of service)	SECUI	RITY NO.		chen 121.	_	tery	ave
	18. 5	70 . :	5 1			CAUSE	OF DEATH				L BETWEEN
	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., (A) IN TESTIDAN O'S TEUCTION 12 days								days.		
	(This does not mean the mode of dying, e.g., (A)										
	ANTECEDENT CAUSES  (B) POCY ONETRATIVE ADJECTORS										
o N	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								*		
ERTIFICATION	UNDE	RLYING	CONDITION	ST.	(C)				•••••		
TIFI			Ш								
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
	19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION								20. AL	TOPSY?	
EDICAL	21A. AC	CIDENT	WAS UNDER-		ACE OF INJ	URY (e. g., i	n or 21c. WHERE DID	(If in Baltime	ore City, give		
MEC	CAUSE	OF DEA			farm, factory, str						
	F INJU		th) (Day) (Year		21E. INJUR	NOT WHILE		IJURY OCCUR?			
	22 1 40	rahu a	ertify that I at	m.	decensed:	from   0		0 11-10	1952	that I la	st saw th
	decease	d alive	on Www - 10	2, 19 52	and that d	leath occur	rred at 1:12 Pm., fr		and on the	date sta	ted above
	23A. SIG	NATUR	2			M. D.	South Belt	more Le	166	23c. DAT	E SIGNED
24	A. BURIA	L. CRE	M- 24B, DATE	7	24c. NAME		RY OR CREMATORY 2	4D. LOCATION (	City, town or	county)	(State)
_4	SUM!	al	113	52	ta	an H	25. FUNERAL DIRECT	a. a, C	o, M	DDRESS	
LO	CAL REG	SISTRAF	REGISTRAR	- 11st	480	1170	413 Cok Inc.	12/7 54	Paul	t	
1	vs 150										
1	54/650 0327										



52 10337 BIRTH NO.			CERTIFICATE OF DEATH			Registered No.		
1. NAME OF D (Type or Print)		NRIETTA	SCHRADER		2. DATE OF NOT DEATH	vember 12, 1952		
	City, Maryland			4. USUAL RESIDENCE		f institution : residence before admission		
B. FULL NAME HOSPITAL OR INSTITUTION	of (If not in hospit		on, give street address or location)	Baltimore	41	its, write AURAL and give township		
c. Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 5600 Woodmont Avenue				
female	6.COLOR OR RACE White	wido	, MARRIED, ED, DIVORCED (Specify) Wed	8. DATE OF BIRTH March 18, 1859	9. AGE (In years last birthday) M	fonths Days Hours Min.		
10A. USUAL OCCUPATION (Give kiod of work dooed during most of working life, even if retired)  housewife  10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or Germany	foreign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S	John Heinem	ann		14. MOTHER'S MAIDEN NAME Henrietta ?				
15. WAS DECEASE (Yes, no or uokoowo)	ED EVER IN U.S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mrs. I. W. Taylor, 5600 Woodmont Avenue				
OISÉAS (This does heart failu injury or	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  OLICIONATION  (A)  OULTO Voscular Disease					INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
OTHER S TRIBUTING TO THE DI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
. 19A, DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
LYING OF	A. ACCIDENT WAS UNDER- ING OR CONTRIBUTING    about home, farm, factory, street, office bldg., etc.)  216. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give)    about home, farm, factory, street, office bldg., etc.)					give exact location)		
ID. TIME	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?			

NOT WHILE

WHILE AT 22. I hereby certify that I attended the deceased from\_\_

deceased alive on\_

23A. SIGNATURE nothen 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 1/24c. NAME OF CEMETERY OR CREMATORY

11/12/52 Woodlawn Cemetery REGISTRAR'S SIGNATURE

Mm. Corke

Wellsville, New York ADDRESS 1217 St. Paul Street

24D. LOCATION (City, town, or county)

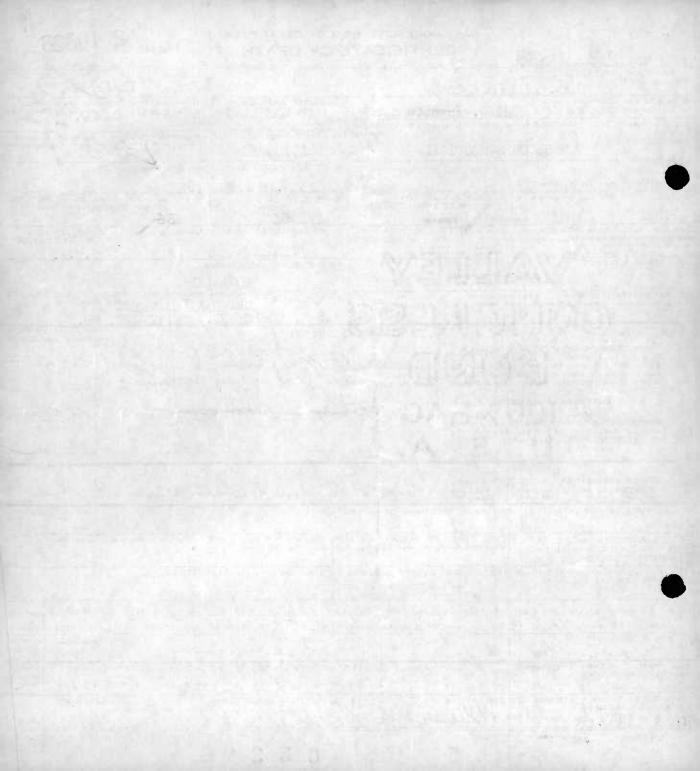
23c. DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR

removal

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 10338 CERTIFICATE OF DEATH 52 10338 BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 11/11/52 MRS. LILLIAN CARTER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland 2025 W. Fayette St. A. STATE MARYLAND B. COUNTY BALT Obefore admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURA), and give INSTITUTION township) BON SECOURS HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 16 S. MORLEY STREET 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. FEMALE 2/1/85 MARRIED IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Home HOUSEWIFE VIRGINTA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADOLPH GIPPRICH ROSA LEE 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. MR. DANA CARTER MORLEY ST. BALTIMORE. 4-20.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ICAL 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE [ WORK AT WORK 22. I hereby certify that Lattended the deceased from 1/4 3-19\_\_\_, that I last saw the L 19 . to deceased alive on /1/11/52 19 and that death occurred at 3 20 pm., from the causes and on the date stated above, 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED and 24A BURIAL, CREMA-TION, REMOVAL (Specify) 240/ LOCATION (City, town, or county) 248. DATE 24C. NAME OF CEMETERY OR CREMATOR (State) Jurial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150



25 10292 BY	CEDILLICATE		Registered No.	10003				
BIRTH NO.	CERTIFICATE	OF DEATH	negistered 110.					
1. NAME OF DECEASED (Type or Print) Anna K/ Te	ws		OF NOV.	10/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland		. USUAL RESIDENCE (W. STATE	here deceased lived. If ins B. COUNTY	titution: residence before admission)				
B. FULL NAME OF (If not in hospital or institu	* * * * * * * * * * * * * * * * * * * *	Md.		Alfr				
INSTITUTION 2106 Hollins St		C. CITY OR TOWN (If outside corporate faits, wild RURAL and give township)						
7)	Yrs. D	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore	43 yrs Mos. Days	2106 Holl:	ins St					
Female White Wido	WED DIVORCED (Specify)	ov. 9,1868		let l Year II Under 24 Hours ns Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	D OF BUSINESS OR 1	I. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF				
H.W. Own	Home G	ermany		WIEL COOKINT				
13. FATHER'S NAME	and the second s	14. MOTHER'S MAIDEN NAME						
15 WAS DECEASED EVER IN H. C. ARMED EXPERSE		issner						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)	SECURITY NO	bert W. Tews,		RESS				
18. 2604	CAUSE OF		PTOO HOTTING	INTERVAL BETWEEN				
18. 260 X DISEASE OR CONDITION DIRECTLY		0()	7	ONSET AND DEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.	E. (A) WIM	che I neum	ma	2 days				
heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,	0 . 01 0						
ANTECEDENT CAUSES	Diabetis Mellelus			1945				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.		B Selman	Tales los	meser				
ū.	-0 0000	court	d'Il					
OTHER SIGNIFICANT CONDITIONS CO			0					
TO THE DISEASE OR CONDITION CAUSING		ION		20. AUTOPSY?				
19A. DATE OF OPERATION 19B. MAJOR	TINDINGS OF OPERAT	1014		YES NO				
TI ZIA. ACCIDENT WAS UNDER. I ZIE. L	ACE OF INJURY (e. g., in or, farm, factory, street, office bldg., etc.)		in Baltimore City, give	e exact location)				
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?					
m.	WHILE AT NOT WHILE AT WORK		/					
22. I hereby certify that I attended the deceased from 1, 19, to 11/10, 19, that I last saw the								
deceased alive on 11/9, 19 5	and that death occurre							
23A, SIGNATURE CAMP	L M. D. 2	145W Ball	hours of.	23c. DATE SIGNED				
24A. BURIAL, CREMA. 24B. DATE TION. REMOVAL (Specify)	24C. NAME OF CEMETERY		CATION (City, town, or					

25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE CAYO1 Edmondson VS 150

Loudon Park

Baltimore 29, Md.

Nov. 12/52

(If not in host

6. COLOR OR RAC

1. NAME OF DECEASED

A. Baltimore City, Maryland

length of stay in Baltimore.

10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retire

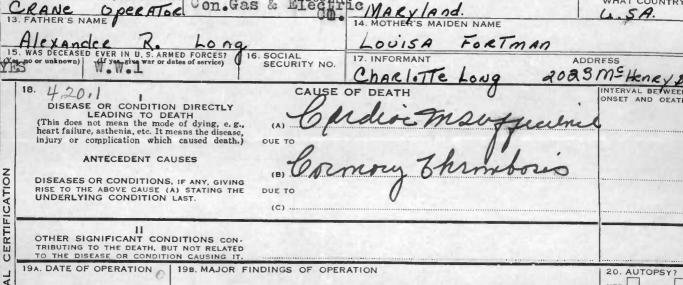
(Type or Print) 3. PLACE OF DEATH:

HOSPITAL OR INSTITUTION RANKTIN

5. SEX

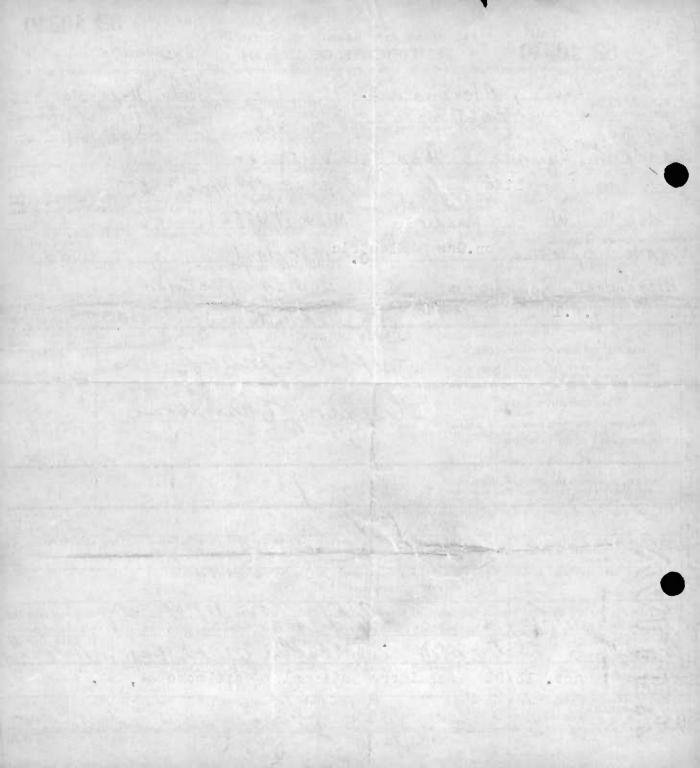
B. FULL NAME OF

BALTIMORE CITY HE CERTIFICATI		52 Registered No	2 10340
	- OI BEATH		
, Alexander B.		2. DATE. OF DEATH //- //	5.50
BALT, more	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If in B. COUNTY	nstitution: residence before admission)
location)	c. CITY OR TOWN (If	outside corporate limits.	white RUHAL and give township)
are Hosp. TAL	DALTIMORE		
Life Yrs. Mos. Days	20 23 ME He	rural, give location)	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	MARCH 17 1896	9. AGE (In years Mullast birthday) Mont	nder I Year ths Days Hours Min.
of 10B. KIND OF BUSINESS OR COn. Gas & Electr	ic Maryland.		2. CITIZEN OF WHAT COUNTRY?
Long	14. MOTHER'S MAIDEN NA	RTMAN	
ED FORCES? 16. SOCIAL SECURITY NO.	Charlotte Lox	ADI	BME Henry 87
CAUSE	OF DEATH	0	INTERVAL BETWEEN
DIRECTLY ATH of dying, e. g., caused death, oue to		freelne	ONSET AND OEATH



MEDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK 22. I hereby certify that Lattended the deceased from 195 that I last saw the deceased alive on .. and that death occurred at Ann., from the causes and on the date stated above, SIGNATURE 23c. DATE SIGNED

BURIAL, CREMA- 248. DATE AME OF CEMETERY OR CREMATORY LOCATION THOM REMOVAL (Specify) NOV. Baltimore National DATE RECEIVED BY. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR

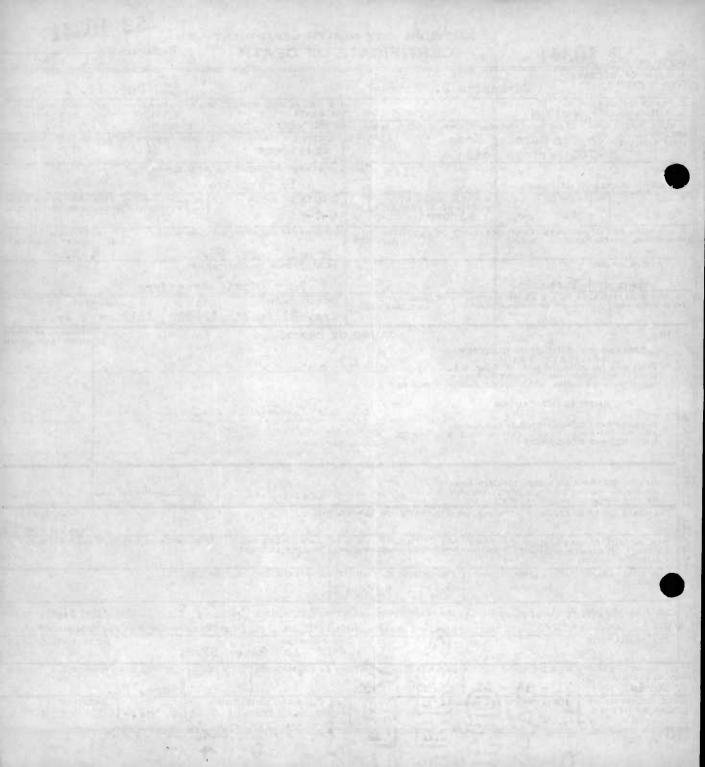


VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10341

Registered No .\_\_ 10341 1. NAME OF DECEASED 2. DATE (Type or Print) Catherine B. Norwood DEATH NOV. 11, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF none HOSPITAL OR location) C. CITY OR TOWN Snyder Nursing Home (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 4700 Harford Road D. STREET ADDRESS (If rural, give location) Yrs. life Mos. 1619 Park Ave. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year I Hunder 24 Hours Min. WIDOWED, DIYORCED (Specify) female whi te 5-7-63 widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U. S. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leonard Burbank Mary Olivia Essender 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Elizabeth Brooks 1619 Park Ave. INTERVAL BETWEEN 18. 42211 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION / 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE List 195 V to Kor 11, 195 1 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 2 2 and that death occurred at 2 pm., from the causes and on the date stated above. 23A. SIGNATURE 23C. PATE SIGNED 4408 Loch Raven Blvd. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c, NAME of CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) 11 - 13 - 52Burnal Loudon Park Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR John O.Mitchell & Sons. Inc .- 1900 Eutaw Plac



460       52 10342
BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH A. Baltimore City,
B. FULL NAME OF

#### BALTIMORE CITY HEALTH DEPARTMENT

59 40249

) (	TOORE	CERTIFICATI	F OF DEATH	Registered No	TOORS			
В	RTH NO.	CERTII ICATI	- OF BEATH					
1.	NAME OF DECEASED Pupe or Print)	Mul	less	2. DATE OF DEATH NOV.	1-1952			
Α.	Baltimore City, Maryland Week	Thyz	4. USUAL RESIDENCE (V		tution: residence before admission)			
H	FULL NAME OF (If not in hospital or institution JOHNS HOPKINS HO	Aocation)	c. CITY OR TOWN (If	outside corporate imits, wr	ite RURAL and give township)			
6	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	for Hotel			
	SEX   6. COLOBOR RACE   7. SINGL	E, MARRIED, NED, D VORCED (Specify)	8. DATE OF BIRTH 3 - 25 - 196	9. AGE (In years I Under last birthday) Months	1 Year If Under 24 Hours Days Hours Min.			
70	A. USUAL OCCUPATION (Givekind of top during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?			
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME				
7.6	DONT /SNOW  B. WAS DECEASED EVER IN U. S. ARMED FORCES?	Lie secui	DONT ISNOW					
(Ye	s, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	JOHNS HOPKI	ADDR	ESS			
NOIL	18. 420.1  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO	g., (A) My o se, h.) DUE TO	of DEATH  Cardial Duy		INTERVAL BETWEEN ONSET AND DEATH			
ERTIFICATION	UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CO							
CEF	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	.FD			/			
		R FINDINGS OF OPER			20. AUTOPSY?			
MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	m.	WHILE AT NOT WHILE						
	22. I hereby certify that I attended the deceased from / - 1 , 19 7 that I last saw to deceased alive on / - 11 , 19 2 and that death occurred as: 15 m., from the causes and on the date stated about							
	23A/94GNATURE Pales De CU	M. D.	JOHN'S HOPKINS HO		11/11/52			
TI	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	MT. ST. MA		CATION (City, town, or co	ounty) / (State)  N.Y			
D	ATE RECEIVED BY   REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	AD	DRESS 200h			
	NOV 1 2 1069 Huntington	Villaus ME	ULLBICH FUNE	RAL HOME	ORLEONS			
	VS 150							

SAROL SELEC and a supplied the new lay managed

## BALTIMORE CITY HEALTH DEPARTMENT

B	521 1113 IRTH NO.	MEB.28580		CERTIFICAT	E OF DEATH	Registered	10040
1.	NAME OF D Type or Print)	Rosie Glas	glow	(Glascoe)		2. DATE OF DEATH 11-	10-52
Α.		EATH: City, Maryland			4. USUAL RESIDENCE ()		f institution : residence before admission)
B. HIN	FULL NAME OSPITAL OR ISTITUTION	Baltimore boit 4940 Eastern	al or institut Ly Hosp Ave	ion, give street address of location	Baltimore	6	ts, write RUVAL and give township)
c.	Length of s	tay in Baltimore	Lif	e Yrs.  Mos. Days	b. street address (If		
5.	sex Female	6. COLOR OR RACE	7. SINGLE WIDOW Sin	E. MARRIED. /ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under I Year II Under 24 Hours onths Days Hours Min.
worl		CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		y Glasglow			Nancy Carter	AME	
15 (Ye	. WAS DECEASE	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO	dords: Baltimore 4940 Easts:	City Hospita	DDRESS
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) (ING CONDITION LA	FH f dying, e. g. ns the diseas aused death SES F ANY, GIVIN STATING THEST.	(B) Le  (B) CO	ebral Vascular Ac	cident	15 yrs
CEF	TRIBUTING TO THE D	TO THE DEATH, BUT	NOT RELATE	T		·····	
CAL	19A. DATE C	OF OPERATION 0 1		FINDINGS OF OPE			YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., ferm, factory, street, office bldg.		If in Baltimore City,	give exact location)
-	). TIME INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCURI	E [ ]	Y OCCUR?	
	deceased a	y certify that I att live on 11-10-		and that death occu	1-26-, 19 37to		the date stated above.
	23a, SIGNA	#2 John	Tou.	м. р.	238. ADDRESS 4940 Eastern Ave,		23c. DATE SIGNED 11-10-52
271	4A. BURIAL, ON, REMOVAL (S	CREMA- 26B. DATE	952	arbutus	MUM PR. 240. L	Clarine	, Trd.
	ATE RECEIVE		6 SIGNATU	Boshus, Mar.	25 FUNERAL DIRECTOR	Junes wid Z	Hill ane

## BALTIMORE CITY HEALTH DEPARTMENT

52 10344

NO

Registered No. CERTIFICATE OF DEATH

	NAME OF D		WALDMA	AN		OF NO	vember 11,1952
A.		City, Maryland 34			4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. B. COUNTY	
HC	SPITAL OR STITUTION	3402 Shelbo		on, give street address locatio	c. CITY OR TOWN (If a Baltimore	7.7	mits, write RUE AL and gi township
6		tay in Baltimore	40 1	Yrs Mos Zrs Day	3402 Shelbourn		
-	ale	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Speci ETT1 eQ	march 20, 1001	61	H Under I Year H Under 24 Hou Months Days Hours Mir
work M	erchant	CUPATION (Give kind of of working life, even if retired) Clothing		OF BUSINESS OR INDUSTR	Poland		12. CITIZEN OF
		s Waldman		IN	Ida ?	ME	
15 (Yes	, no or uuknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO	Mrs Molvin Waldm	an Shelb	ourne Road
RTIFICATION	(This does heart failuinjury or DISEASE:	SE OR CONDITION LEADING TO DEAT TO THE MODE OF THE MODE TO THE MODE OF THE MODE TO THE MODE OF THE MODE THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A)	f dying, e.g ns the disease aused death. ES FANY, GIVIN STATING TH	(A)	Commy	in fund Newsis	INTERVAL BETWEE
田田		GIGNIFICANT CONDI					

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES L 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21E. INJURY OCCURRED

2 ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT WORK 19 1 that I last saw the 22. I hereby certify that I attended the deceased from. 19 and that death occurred at 011 from the causes and on the date stated above. deceased alive on

21F, HOW DID INJURY OCCUR?

Baltimore

23B. ADDRESS 23A. SIGNATURE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE (State) Nov 13, 1952 Hebrew Friendship Cemetery

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

Burial

LYING OR CONTRIBUTING

CAUSE OF DEATH

MEDICAL

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT

59 40945

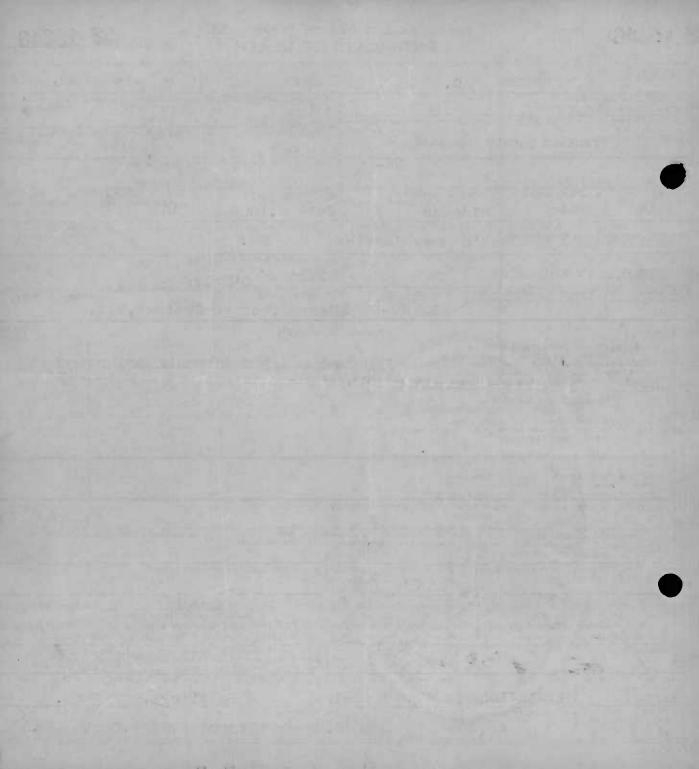
10345 BIRTH NO.		CER	TIFICATI	E OF DEATH	Register	red Wo	10040
1. NAME OF D (Type or Print)	99.	A. Peddi	cond		2. DATE OF DEATH	Vov.	10,1952
3. PLACE OF D a. Baltimore (	EATH: City, Maryland		0.575	4. USUAL RESIDENCE A. STATE	(Where deceased live B. COUNT	ed. If instit	tution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION		al or institution, give	location)	Md. c. CITY OR TOWN Balti		lights, was	MeRCRATING give
c. Length of s	tay in Baltimore		81- Yrs. Mos. Days	b. STREET ADDRESS 5403 Wind	(If rural, give Matio		
s.sex	6.COLOR OR RACE White	7. SINGLE, MARI WIDOWED, DIV Marridd	RIED, /ORCED (Specify)	8. DATE OF BIRTH  Jan. 31, 1871	9. AGE (In yea last birthday 81	rs H Under () Months	1 Yess It Under 24 Hours Days Hours Min.
ork done during most	CUPATION (Give kied of of working life, even if retired) Elec. Inspec		JSINESS OR INDUSTRY O.City	11. BIRTHPLACE (State of	or foreign country)		CITIZEN OF WHAT COUNTRY?
13. FATHER'S		001 10020	0.010,	14. MOTHER'S MAIDEN	NAME		
Georg	ge Peddicor	d		Sarah St	eele		
15. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?   16. S	OCIAL ECURITY NO.	17. INFORMANT		ADDR	ESS
no	(2. 300) Baro was or day	3	ECORITY NO.	Mrs.Marion P	eddicord 5	5403	Windsor
DISEASES RISE TO T UNDERLY	ITE, asthenia, etc. It mea complication which complication which complication which complications, in the ABOVE CAUSE (A) YING CONDITION LA	aused death.) DU  ES  FANY, GIVING STATING THE DU  ST.	(B) Ol.	Juanute dage	4-		
TO THE D	TO THE DEATH, BUT	CAUSING IT					
19A. DATE C	OF OPERATION 0	9B. MAJOR FINDI	NGS OF OPER	ATION			YES NO
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF about home, farm, facto	INJURY (e. g., in ery,street,office bldg.,e	21c. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore (	City, give	exact location)
D. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E. IN WHILE AT WORK	JURY OCCURRI	ED 21F. HOW DID INJ	JRY OCCUR?		
	TURE	01957, and th	at death occur	red at 5 4 m., from 3B. ADDRESS 9 LL		on the de	ate stated above. 3c. DATE SIGNED
TION, REMOVAL (S Burial	Specify) 11-13-1		orraine		Woodlawn,		Md.
DATE RECEIVE LOCAL REGIST	D BY REGISTRAR	SSIGNATURE	us My	25. FUNERAL DIRECTO	OR	AD	DRESS

1 2 5 2 0 1 1 0 3 3 6

. Alamana and the senior being that it ů, b A. ZE I Date to A. M. C. M. 

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 10346 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF November 10, 1952 HOWARD SCHAEFER G. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF HOSPITAL OR "f not in hospital or institution, give street address or Maryland (If outside corporate limits, wrigh RURAL and give C. CITY OR TOWN INSTITUTION Franklin Square Hospital township) Baltimore D. STREET ADDRESS Yrs. (If rural, give location) Mos. ength of stay in Baltimore Days 391/ Fdmondson Avenue 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Widower Male White July 6,1896 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) SETVICE WHAT COUNTRY ack's Kev Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shop Mary A' O'Brien Nicholas Schaefer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESSOX 17. INFORMANT Mary G. Wehage Juniper, Fla. no 18. 443X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) Hypertensive Arteriosclerotic Cardiovascular heart failure, asthenia, etc. It means the disease, XXXXXX Disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? UTING [ CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an . autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR ..... 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) ANew Cathedral 11-13-1952 Baltimore. Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR G. Howard Strong 3207 W. North Ave



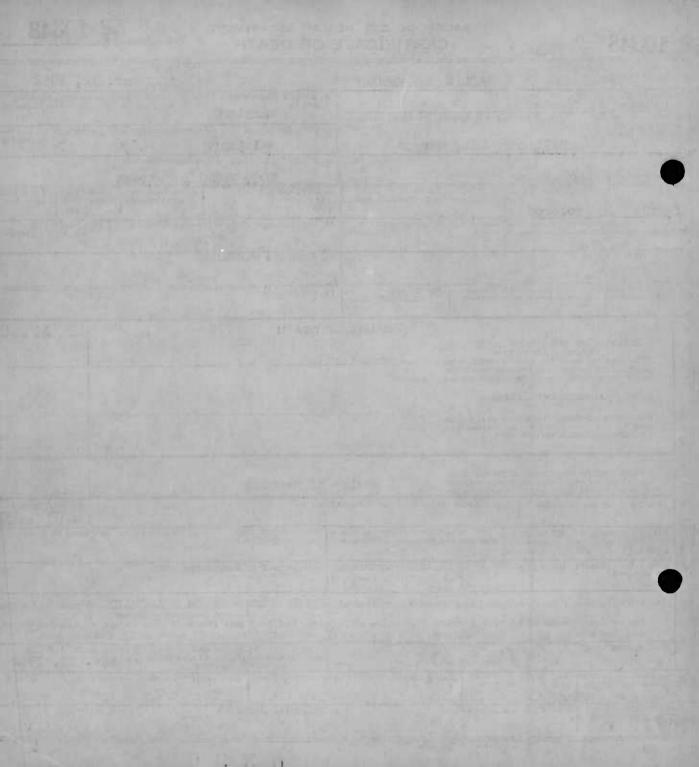
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## BALTIMORE CITY HEALTH DEPARTMENT

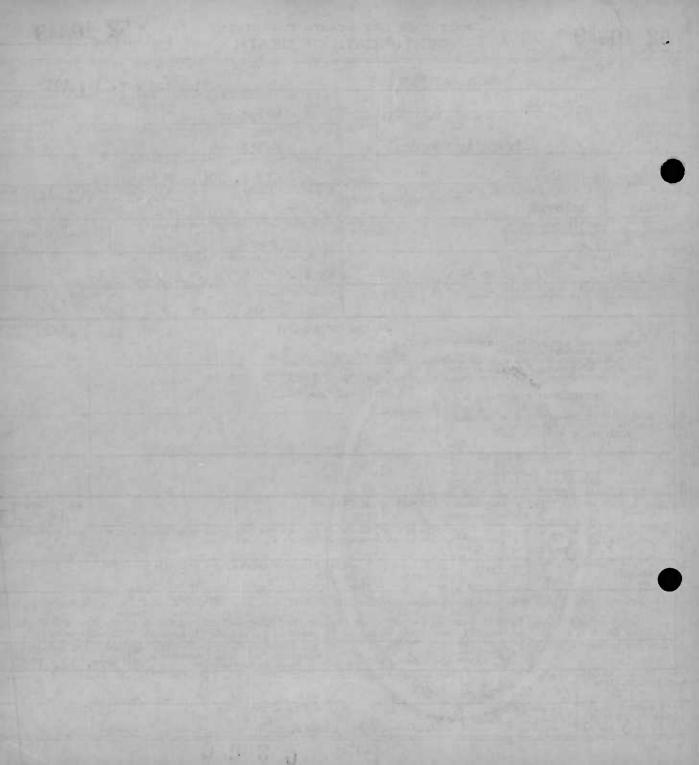
B	IRTH NO.	E1		CER	TIFICA	ATE	OF DEAT	Н	Registe	red No.		
1.	NAME OF E								2. DATE			
	Type or Print)		ORGE	J.	ZINNE			•	DEATHNO			
3. A.	Baltimore	City, Maryland 8	16 S.	Conk	ling		. USUAL RESIDI		Where deceased liv B. COUN			idence idmission)
В.	FULL NAME				street addre	ss or	Md.				11	
	OSPITAL OR				loca	tion)	CITY OR TOWN		outside corporat	e limits, wr		L and give township)
	1				10.			timo		10		
	an ant la	4 to D. 111		با	N	Ios.	STREET ADDRE					
	SEX	tay in Baltimore	7. SINGL	F MARE		ays	. DATE OF BIRTH		Conkling 9. AGE (In yes		3 Von   If II	Inder 24 Hours
·	Male	White	Ma		ORCED (Sp	ecify)	rch 30,18		last birthda	y) Months	Days Hou	urs Min.
WOI.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BU	ISINESS OF		1. BIRTHPLACE	State or fo	oreign country)	12.	CITIZEN WHAT CO	OF OUNTRY?
M	aintena	nce Man	Rever	e Br	ass C		Baltimore	e, Mo	i.		U.S.A	A.
13	FATHER'S	NAME	10.3		10	y 1.	4. MOTHER'S MA	IDEN N	AME			
		n Zinner	24, 50				Anna	Weld	cher			
15 (Ye	, was DECEAS , no or nnknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SC	CURITY N	0.	7. INFORMANT			ADDR		
	Yes	World Wa	rl	216	-03-08	329	Gertrude	Zinr	ner 816	S. Co	nklir	ig St
	18. 542	2X			CAUS	SE OF	DEATH				INTERVAL	
	DISEA	SE OR CONDITION	DIRECTLY			11/2	SALIP	0	AMI		11/0	6/53
	(This does	LEADING TO DEA s not mean the mode oure, asthenia, etc. It mes	of dying, e. s	g., (	(A)	-	onac		Juan			
	injury or	complication which	caused death		E TO	0	1 m.	14	,,,	-	.1	
		ANTECEDENT CAUS	SES			0	n rug	0/12	2125		The	152
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN		(B)	01	nel				7	
ERTIFICATION	RISE TO T	THE ABOVE CAUSE (A)	STATING TH		E TO	CI	V My	00	nd Xx.s		the	150
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R		SIGNIFICANT COND										
Ü		SEASE OR CONDITION										
7	19A. DATE	OF OPERATION O	19B, MAJOR	FINDII	NGS OF C	PERAI	ION				20. AUT	NO
EDICAL	21A. ACCIE	DENT WAS UNDER-			INJURY (				If in Baltimore	City, give		
		R CONTRIBUTING [	about home,	farm, factor	ry, street, office l	bldg., etc.)	INJURY OCCU	R7				
Σ	O. TIME	(Month) (Day) (Year	(Hour)	21E. IN.	JURY OCCI	URRED	21F. HOW DID	INJUR	Y OCCUR?			
K	INJURY			WHILE AT	NOT W	HILE						
	20 71 7		m.	WORK L		ORK	1. 15 195	52	258 9	19 th	nt 7 last	+7.
	deccased a	live on			ea jrom at death o	agaimma	7:00 P	Mom	he causes and	on the de	at I last	d above
	234 SIGNA	0000000	, 18,	ana ini	at death o		. ADDRESS	1101100	ne causes and	23	DATE	SIGNED
		llare J.	My or a	ens	of or		8014,	Cau	toon	11/	104	2
2	4A. BURIAL.	CREMA- 24B. DATE		24c. NA			OR CREMATORY	240. L	OCATION (City,	towh, or co	ounty)	(State)
	Buria		1952	Sac	red He	eart	Cemeter	7401	German	Hill	Rd	Md.
	ATE RECEIVE	TRAR III A"	1/1	IRE.	11-	3/	5. FUNERAL DIR	ECTOR		S. Co	DRESS	
1 700	100 1166	OFA II . Tow	close VV	STIAL	Way ITIN	·	V //	//-	10	~ U0)	ILKLIM	KAT

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Registered No. 10348 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF SAELIA BROWN Nov. 12, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore City Morgue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 2009 McCulloh Street Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years | Months Days | Hours Min. 8 DATE OF BIRTH WIDOWED, DIVORCED (Specify) female colored 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLA 108. KIND OF BUSINESS OR CE (State or foreign gountry) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTR intom 13. FATHER'S NAME 14. NOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Prematurity (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Jaundice of newborn TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... X | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... Nov. 12, 1952 MEDICAL INVESTIGATOR ... 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town or county) TION, REMOVAL (Specify) CHIMA DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS ! OCAL REGISTEAR 151



000 Registered No. 10349 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARY ANN COREY DEATH NOV. 12. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore Yrs. O. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 417 E. 20th Street 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. if Under 24 Hours WIDOWED, DIVORCED (Specify) female colored 12-6-4 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 6RT INTERVAL BETWEEN CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Dehydration (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, oue to Gastro-enteritis due to injury or complication which caused death.) Shigella Sonnei ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. Z | ZID. TIME (Month) (Day) (Year) (Hour) | FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \, aecident \, suicide \, homicide \, undetermined \, . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Nov. 12. MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY I 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR V S 151



Baltimore Md. Burial Balto, Nat. Cem DATE RECEIVED BY 25. EUNERAL DIRECTOR REGISTRAR'S SIGNATURE

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ADDRESS LOCAL REGISTRAR 1051 VS 150

CONTRACTOR OF THE REAL PROPERTY.

galanti 10	2 gimmen.
52	10351
BIRTH N	10.
. NAME Type or	OF DECEASE Print)
Balti:	e of death: more City, M

# BALTIMORE CITY HEALTH DEPARTMENT

52 10351

JE 10001	CERTIFICATE	E OF DEATH	Registered No.	
BIRTH NO.		A		
1. NAME OF DECEASED (Type or Print)	use R	· Gashing	2. DATE OF DEATH NOV	91952
3. PLACE OF DEATH: A. Baltimore City, Maryland Med.	ON 2	4. USUAL RESIDENCE (V		itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution) HOSPITAL OR INSTITUTION	tion, give street address or location)	c, CITY OR TOWN (II	f outside corporate limits, w	
JOHNS HOPKINS HOSP	ITAL	1 Dal	timore	Z township)
ength of stay in Baltimore Life	Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location	a D Sa
5. SEX   6 COLOR OR RACE   7. SINGL	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months	r l Year   If Under 24 Hours B Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIN	D OF BUSINESS OR	11. BIRTHPLACE (State of f	Tolor country)	CITIZEN OF
ork done during most of working life, even if retired)	industry General	M	A.	CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Walter Basking	0	VADEATE	is Res	A
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17/NFORMANT	ADDI	RESS
No	SECONTI NO.	JOHNS HOP	KINS HOSPITAL	
18. 1934	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	. 911	1.10.7	. 111	ONSE! AND GEATH
LEADING TO DEATH (This does not mean the mode of dying, e.	g., (A)	corcosimo	-, right	of weeks
heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se, h.) DUE TO			
ANTECEDENT CAUSES				
Z	(B)		******************************	
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T				
UNDERLYING CONDITION LAST.	(C)		***************************************	
OTHER SIGNIFICANT CONDITIONS CO	N•			
TRIBUTING TO THE DEATH, BUT NOT RELAT				
	R FINDINGS OF OPER			20. AUTOPSY1
7				YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home CAUSE OF DEATH	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (16c.) INJURY OCCUR?	If in Baltimore City, give	exact location)
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the	e deceased from 1/	7-, 195710	11-9-, 195 74	hat I last saw the
	and that death occur		he causes and on the c	late stated above.
mederic W- V	Pick M.O. 2	3B. ADDRESS JOHNS HOPKINS H		11-5-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
Burial 11/13/1952	Mt Zien Cem	Ba	ltimere Md.	
DATE RECEIVED BY   REGISTRAR'S SIGNAT		25 FUNERAL DIRECTOR		DORESS
NOV 1 3 1059 Hanton	VILLE WAS NOT	they o, WI	red 1000 120	my any

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16	00		50	16000
	BALTIMORE CITY H	EALTH DEPARTMENT		2 10352
В	52 10352 CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED  Spe or Print) CHARLES ALPHONSUS LAUA	SR	2. DATE OF DEATH	152
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V	Where deceased lived, If inst	itution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address of location location			
	STITUTION 1010 1010	Bal temore	outside corporate limits, w	township)
	Yrs.	17 000	rural, give location)	-
	Length of stay in Baltimore  Lefe Mos. Days	15807 Bland	avenue	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	1) 8. DATE OF BIRTH	9. AGE (In years last birthday) Month	s Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of Communication of Business OR adone during most of working life, even if retired) Mail Order House STR	1 . BIRTHPLACE (State or for		CITIZEN OF
	herehandiser Retail Store	Neavyland		USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
15	WAS BECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Carrie del	<i>V</i>	7500
(Ye	s, no or unknown) (If yes, give wer or dates of service)  SECURITY NO.  215 - 07-73	Charles A. Lan	r. 5807 Bland	0
	18. 33/X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. ha +	t. 0.	
	(This does not mean the mode of dying, e.g., (A)	or di	Nonversa,	
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	of main.		
Z	(B)		***************************************	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIC	(c)			
	OTHER SIGNIFICANT CONDITIONS CON-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		,,	20. AUTOPSY?
AL	19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		YES NO
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bldg		If in Baltimore City, give	exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY  MHILE AT NOT WHILE  MORK AT WORK	E		
	22. I hereby certify that I attended the deceased from 5 ptudeceased alive on 11 11, 1952, and that death occurrence 23A/SIGNATURE	11 /11 , 1954 to 7	Pm 11/11, 19574	hat I last saw the
	deceased alive on 11 111, 1952, and that death occ	urred at 2 30 g m., from t	the causes and on the	date stated above.
	23A SIGNATURE	91 min Me more	al Hosp. The	1.1952
2	4A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETON, REMOVAL (Specify)	ERY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
11	Burial 11/14/52 Loudon Rark		to., Md.	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR HOW 1 3 1059 Houtenston Williams M.F.	25. FUNERAL DIRECTOR	A	DDRESS
=	VS 150			
	1 9 5 2 9/9	0169313		

(Type or Frin	t)	ELSIE G. AUSTIN	OF DEA'	
3. PLACE OF A. Baltimore	DEATH: e City, Maryland			ased lived. If institution: residence COUNTY before admission)
B. FULL NAM		al or institution, give street address or	Md.	
HOSPITAL O	K CC11 Domle	Heights Ave.	c. CITY OR TOWN (If outside co	orporate limits, write RURAL and give
0-0	SSII Falk	neights ave.	Baltimore	township)
		Yrs.	D. STREET ADDRESS (If rural, give	e location)
ength of	f stay in Baltimore	Mos. Days	5511 Park Heights Av	e.
5. SEX	6. COLOR OR RACE			(In years If Under 1 Year If Under 24 Hours
female	white	widowed Divorced (Specify) married	June 8, 1872	O Months Days Hours Min.
work done during m	OCCUPATION (Give kind of ost of working life, even if retired)		11. BIRTHPLACE (State or foreign coun	ntry) 12. CITIZEN OF WHAT COUNTRY

housewife at home Maryland 14. MOTHER'S MAIDEN NAME Unknown

13. FATHER'S NAME Kreglow 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Mrs. Wm. F. Austin-5511 Park Hgts. Ave. INTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from Oct /2 1952 to Nov 10 , 19-52, that I last saw the deceased alive on Nov 10, 1912, and that death occurred at 11 M.m., from the causes and on the date stated above.

23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 20251 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county) 24B. DATE

Mt. Olivet Cem. Frederick. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

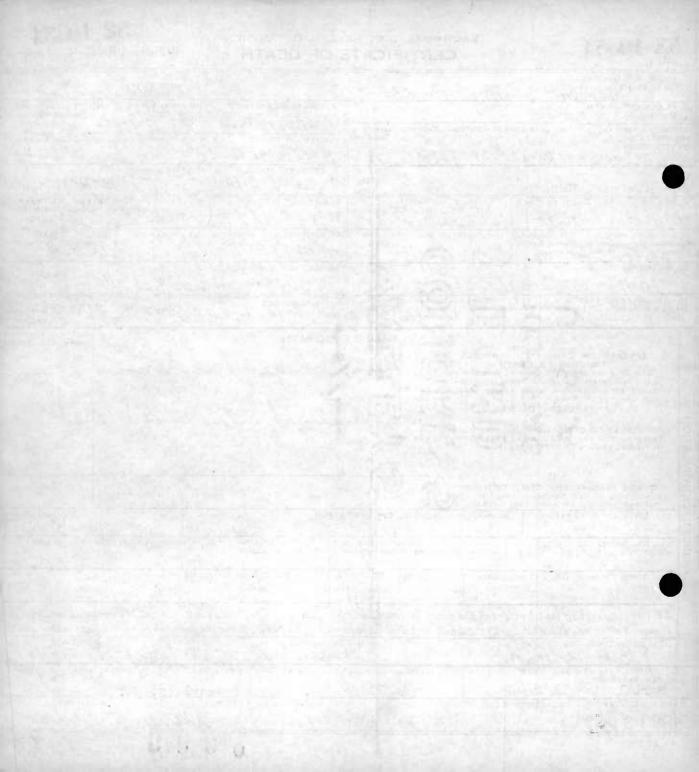
(If in Baltimore City, give exact location)

EDICAL

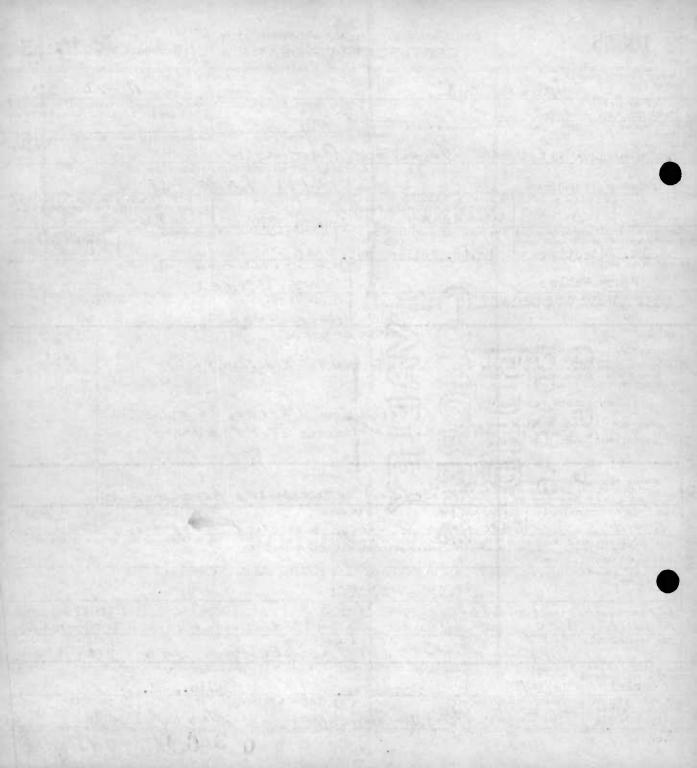
CAUSE OF DEATH

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	FO 10:		BAI	TIMORE CITY HE	EALTH DEPARTMENT	52	10354
	52 103	354		CERTIFICAT		Registered No.	
	NAME OF E	DECEASED.				12. DATE / /	
(T	ype or Print)	MR. JOHN AK	THUR	FRICKER		DEATH WOV.	2, 1952
3. A.	Baltimore	City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If ins	títution : residence before admission)
В.	FULL NAME		tal or institut	tion, give street address or location)		BACIIMORE  foutside corporate limits, v	mita DIIDAL and aiua
IN	STITUTION	MEMORIA	LHOS		BALTIMORE	18 12	-0 2 township)
4				Yrs. Mos.		rural, give location) LES ST. (THE	CALARIES APTE
-	SEX	stay in Baltimore		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) H Uno	ler I Year   H Under 24 Hours
1	MALE	WHITE	WIDO	VED, DIVORCED (Specify)	MAY 24, 1878	74	ns Days Hours Min.
	done during most	CCUPATION (Givekindo of working life, even If retired ZED Mgr.		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	WHAT COUNTRY?
13	FATHER'S		I OTT		14. MOTHER'S MAIDEN N	AME	2,77,
	JOHN	1 ARTHUR	FRICI	KER	LOUISA M	AGERS	
(Ye	. WAS DECEAS , no or nnknown)	ED EVER IN U. S. ARME (If yee, give war or dat	D FORCES?	16. SOCIAL SECURITY NO. NONE	MRS. JAMES H. RIE	EFLE JR. 44978	T. 18 MA
	18. 33	1 ×		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION		1/1	1 /	. +	Onser And Beating
	heart fail	LEADING TO DEA is not mean the mode ure, asthenia, etc. It me complication which	of dying, e. ans the disea	se,	onhage b	an slen	
	injury or	ANTECEDENT CAU		a., 552.10	0.1		
Z	DICEACE	S OR CONDITIONS,		(B) glace	ralezed ante	nonlerons	
RTIFICATION	RISE TO	THE ABOVE CAUSE (A	) STATING T				
IFIC				(C)		***************************************	
		II SIGNIFICANT CONE					
CE		G TO THE DEATH, BUT DISEASE OR CONDITION	N CAUSING	!T			
AL	19A. DATE	OF OPERATION	198, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC/		ENT. SUICIDE.		ACE OF INJURY (e. g., i		If in Baltimore City, giv	
MEC	HOMICIDE	(Specify)	about nome,	tarm, tactory, street, omce bidg.,	eu.,		
2	D. TIME	(Month) (Day) (Year		21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT WORK AT WORK		4/- / 12 5	
	22. I herei	by certify that I at	tended the	deceased from No	10 // 1952, to		that I last saw the
	deceased a		4, 19 32,		rred at/Z:35 An., from 1		23c. DATE SIGNED
	10	Hubbars	1	м. р.	luion Memori	al Hosp !	lov 12 1952
2. TI	4A. BURIAL.	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE		OCATION (City/town, or	county) / (State)
_	Burial	11/14/9	-	Druid Ridge	e Cem. Pik	eswille, Md.	DORESS
LLD	ATE RECEIVE	REGISTRAF	'S SIGNAT	Mayura Mar	25 FUNERAL DIFECTOR	ickners;	Low
-	VS 150	****	7	-		2 4/5	mali.
I			*	1952	045 1	Bacro 1/,	o roca



52 10355		CEDTIEICATI	E OF DEATH	Registered N	2 10355
BIRTH NO.		PERTIFICATI	E OF DEATH	negistered i	
1. NAME OF DECEASED VALLE	. CH	S.		2. DATE OF DEATH	12-57
3. PLACE OF DEATH: A. Baltimore City, Maryland	1		4. USUAL RESIDENCE (V	D C/ ( )   1	
S. FULL NAME OF (If not in hospital HOSPITAL OR	or institutio	n, give street address or location)	Md		
FRANKLIN SQUA	HAF.	HOSPLTAL	BALTIMORE (IE	outside corporate limits	s, write RURAL and give township)
c. Length of stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	7. SINGLE,		8. DATE OF BIRTH	9. AGE (in years)	Under 1 Year   If Under 24 Hours
m w	MAR		Jan. 6, 1870	last birthday) Mor	nths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Lt. Detective	Balto		. Md		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
Henry Vahle			Mary Becica	ER	
(15. WAS DECEASED EVER IN U. S. ARMED (15 yes, no or unknown) (If yes, give war or dates of	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRFSS
no		no no	Hosp. CHART		
18. 152V	76	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION D	IRECTLY				ONSET AND DEATH
(This does not mean the mode of	1	InTest	INAL DASTRUC	TIDAL	9 days
heart failure, asthenia, etc. It means injury or complication which can	s the disease,				
		OUE TO			
ANTECEDENT CAUSE	S	Carein	MA CARCUA	The ACADAR	
DISEASES OR CONDITIONS, IF	ANY, GIVING	(B) S.M. S.M.	ASTASIS TO PE	cuspicional.	
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS		OUE TO C MET	astasis 10 PEI	W 78444	
		(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	
11					
OTHER SIGNIFICANT CONDIT		6.	1		
TRIBUTING TO THE OEATH, BUT N TO THE DISEASE OR CONDITION O		JENILITY;	GENERALIZED A	ATRICOSCLEROS	KS
19A. DATE OF OPERATION   191	B. MAJOR	FINDINGS OF OPER			20, AUTOPSY?
11-11-52 6		ma cecum		inoperable	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		E OF INJURY (e. g., in m, factory, street, office bldg., e	n or 21c. WHERE DID (I stc.) INJURY OCCUR?	f in Baltimore City, g	ive exact location)
TIME (Month) (Day) (Year)	Hour)   2	IE. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
NJURY		ILE AT NOT WHILE			
	m.	NORK AT WORK	- 30/		
22. I hereby certify that I atterdeceased alive on 12.	nded the d	eceased from L	192 4 to 11	195	that I last saw the
deceased alive on 1	195 - a	nd that death occur	red at 1 m., from t	he causes and on th	e date stated above.
23A. SIGNATURE	- de	Kn M. O.	I roulle son	a lfest n	11-12-75
24A. BURIAL, CREMA- 24B. DATE TON, REMOVAL (Specify)	24	C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)
Burial   11/15/52		Parkwood Ce	m. Ba	lto., Md.	0
DATE RECEIVED BY REGISTRAR'S	SIGNATUR		25 FUNERAL DIRECTOR	4 11	ADDRESS
NOV 1 3 1957 Hunting	ton 1/4	traus- Mes.	I/km. V.Vic	kner tx	Saw
VS 150			1 6 7	MAL	mal
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		I by our the		V	



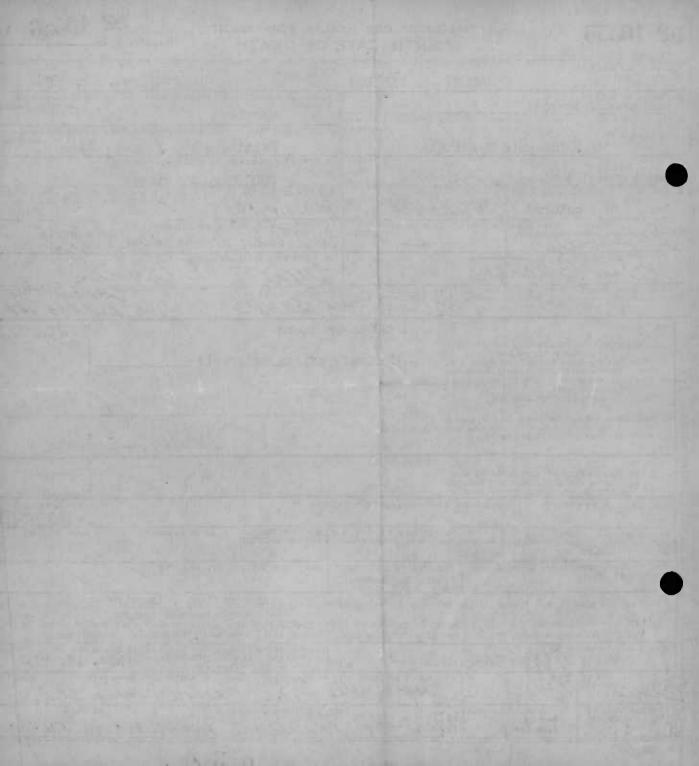
## 52 10356 BIRTH NO

## BALTIMORE CITY HEALTH DEPARTMENT

52 10356

Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HELEN KELLUM Nov. 12, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission Maryland B. FULL NAME OF 'r not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. length of stay in Baltimore Davs 2000 Barclay Street 7. SINGLE MARRIED 6. COLOR OR RACE 8-DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours Min. female colored Mowes 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTE dousewife mylane 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Opportes tour 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 4201 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary artery sclerosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO Y 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) F INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased dicd on the day stated above, and death in my opinion resulted from: natural causes 🖾, accident 🖂, suicide 🖂, homicide 🖂, undetermined 🗒. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER.... 1 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER .... Nov. 12, 1952 MEDICAL INVESTIGATOR ... 24 BURIAL, CREMA-TION REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24p, LOCATION (City, Jown, or county) saper will o una DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS MOV 3 33

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10357

Registered No.\_\_

1. NAME OF DECEASED (Type or Print)	2. DATE  OF 3.7 (0/2.052)
3. PLACE OF DEATH:	DEATH 11/9/1952  4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR location)	MARYT, AND  c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION DAZ N. CAREY STREET	BALTIMORE 19-0 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore 65 YRS Days	542 N. CAREY ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
F C WIDOWED, DIVORCED (Specity)	6/27/872 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
HOUSEWIFE DOMESTIC	A.A.COUNTY. MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RUDOLPH HARRIS	MARY JANE HAWKINS
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
NO NO (It yee, give war or dates of service) SECURITY NO. NONE	ROSE WARREN(D)1211 W. MULBERRY ST.
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	PID ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	inoma heftbreakt, 4 yrst
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	the pulmontary Meluslases
ANTECEDENT CAUSES	. 0 +.
0010	no relevoluc carlho - 13 yra
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	scular Disease
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19a. DATE OF OPERATION 198, MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
	YES NO X
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.	or 21C. WHERE DID (If in Baltimore City, give exact location) to.) INJURY OCCUR?
5 CAOSE OF DEATH	-
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 6	8., 1939 to 11.9., 1952 that I last saw the
	red at 7:45 Pm., from the causes and on the date stated above.
23A. SYGNATURE 2	3B. ADDRESS 23C. DATE SIGNED
24A. BURIAV, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	
BIRTAT. 11/13/52 ARBUTUS MEN'	L. PK. BALTO. COUNTY, MD. 25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Of 1 11 11 - 10
MUY 10 130 Tuntington 18 9 alled 199.	nacus your per- 5/2 n. anvello
VS 150	Cut.

----ACT TO THE THE CONTRACT OF STREET CONTROL PROPERTY OF THE PROPER 120 Registered No. 10358 BALTIMORE CITY HEALTH DEPARTMENT 52 10358 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH NOV 11, 1952. Caroline V Bavis. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: Baltimore A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1357 Gorsuch Ave Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. Life ngth of stay in Baltimore 1357 Gorsuch Ave Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (in years) If Under 1 Year | If Under 24 Hours WIDOWED, DIVORCED (Specify) Widowed last birthday) | Months! Days | Hours | Min. Female White April 25 1877 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY At home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wood Eleanor Carter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. \* \* MrsJames Glenn (Niece) 1357 Gorsuch Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Attoriosolerotio Cardia. Vasoular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE ATT WORK

, 19<sup>52</sup>, to //\*/8, 19<sup>52</sup>, that I last saw the m., from the eauses and on the date stated above.

deccased alive on 1/9, 1932. and that death occurred at 1/2 m., from the eauses and on the date stated above.

23a. SIGNATURES.

23c. DATE SIGNED

1/1 E. Chase SE

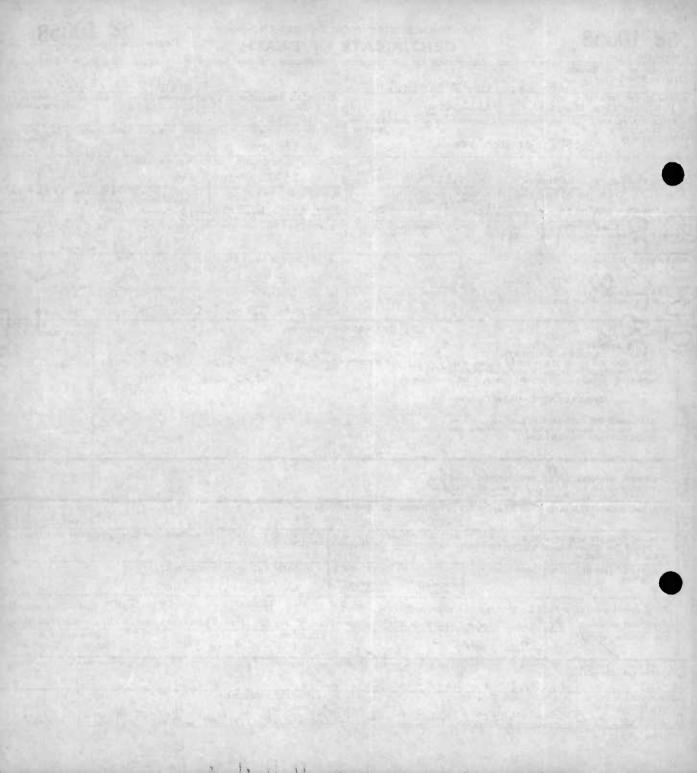
1/1-12-5-2

24c. NAME OF CEMETERY OF CREMATORY | 24c. LOCATION (City, town, or county) (State)

22. I hereby certify that I attended the deceased from 11-1

24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (Stattion, REMOVAL (Specify) Nov. 15, 1952 New Cathedral Cemetery Baltimore Md DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Mary Richards Price OF November 11. 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CHTY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1383 Woodyear St. township) D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 1383 Woodvear St. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours! Min. 12/10/81 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of westing life even if retired) INDUSTRY Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or nunknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Annie Sommerville 1383 Woodvear St. 260 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? AID, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WORK AT WORK

19 4200 22. I hereby certify that I attended the deceased from. , 1952 that I last saw the .. and that death occurred at deceased Rive on. D. m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL. CREMA 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Geo. G. Kelson 1303 Presstman St. untinglow

TION, REMOVAL (Specify)

VS 150

11/16/52

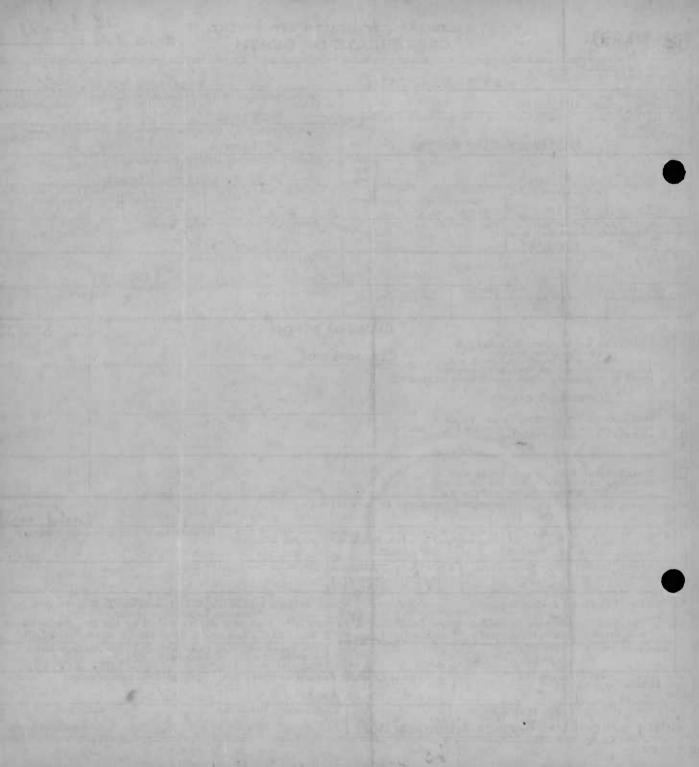
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Balto. Md.

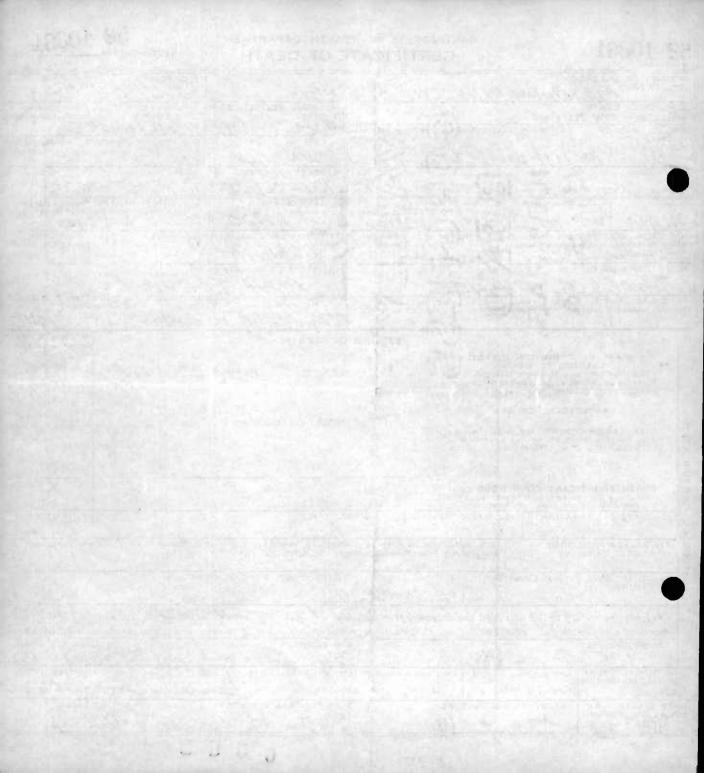
ADDRESS

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260						59 100-
52 10360 BIRTH NO.				EALTH DEPARTMEN	IT Registered	52 10380 No.
1. NAME OF DECEAS					2. DATE OF	
	URNI	ER E. E	BUSER		DEATH NOV	
a. Baltimore City, I	Maryland			4. USUAL RESIDENCE A. STATE	B. COUNTY	If institution: residence before admission
B. FULL NAME OF HOSPITAL OR	of not in hospital or in	nstitution, give	street address or location)	Maryland		nits, write RURAL and give
INSTITUTION	Baltimore Cit	ty Morgue		Baltimon	re /2	township
	D 111		Yrs. Mos.	D. STREET ADDRESS		
ength of stay in		INGLE, MARR	Days Days	8. DATE OF BIRTH	Calvert Stree	
male wh	nite w	IDOWED, DIV	ORCED (Specify)	aug 10, 1900	last birthday)	If Under 1 Year If Under 24 Heurs Months Days Hours Min.
work done during most of working	FION (Give kind of 103. glife, even if retired)	KIND OF BU	SINESS OR INDUSTRY	11 BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	9	10	const	14. MOTHER'S MAIDEN	NAME	
homa	is H.	Buse	er)	Saureno	2. Boga	35
(Yes, no or unknown) (If y	R IN U. S. ARMED FORCES, give war or dates of serv		CURITY NO.	17. INFORMANT	00	ADDRESS
(This does not m	CONDITION DIRECTION TO DEATH nean the mode of dyin nenia, etc. It means the ication which caused	ig, e.g., disease,		of DEATH		INTERVAL BETWEEN ONSET AND DEATH
Z DISEASES OR C	CONDITIONS, IF ANY, OVE CAUSE (A) STATICONDITION LAST.	GIVING NG THE DU	(B) E TO			
OTHER SIGNIF	II ICANT CONDITIONS TE DEATH, BUT NOT F OR CONDITION CAUS	ELATED				
U 19A. DATE OF OPE			NGS OF OPER	ATION		20. AUTOPSY?
Z1A. EXTERNAL CA	1002 11110		INJURY (e. g., ir y,street,office bldg.,e		(If in Baltimore City,	yes NO X
UNDERLYING CAUSE	SIC CONTINID.					
F INJURY	(Day) (Year) (Hour	m. WHILE AT	NOT WHILE	21F. HOW DID INJU	JRY OCCUR?	
22. I certify tha	t I took charge of			bove, held an inspec	ction & inquir	Y thereon and from
the evidence	obtained by said	Autopsy, In	spection or I	Autops nquiry, find that said  A accident , suicie	deceased died on	the day stated above
23A. SIGNATURE	Blow	her	M	238. CHIEF MEDICA ASSISTANT MEDICA	L EXAMINER	
24a. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE	24c. NAI	Tell	our Cem 7	LOCATION (City, tow	n, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR NOV 1 3 1057	REGISTRAR'S SIG	1 5 d a	US- M.J.	Leoral Tune	ral Home	Cumberland
V S 151	0	165	-24	H. Warene	George	md.



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5	2 1039	61	BAI		EALTH DEPARTMENT E OF DEATH	52 Registered N	10361
1.	NAME OF D	DECEASED PAN	FRAN	KLIN SWI	SHER	2. DATE OF DEATH NOV.	11 1952
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (V		nstitution: residence before admission)
B. H	FULL NAME OSPITAL OR ISTITUTION		ital or institut	ion, give street address or location)	MARYLAND	SALTIMO f outside corporate limits	
	UNION	MEMORIA	2 HOSP	ITAL	DUNDALK	22	township)
0		tay in Baltimore		Yrs. Mos. Days	104 OLD NOR	TH POINT	ROAD-
5.	MALE	WHITE	7. SINGLI WIDOW	EMARRIED, VED, DIVORCED (Specify) RRIED	0CT. 1.1900		Under 1 Year If Under 24 Hours Aths Days Hours Min.
TO WOT	done during most	CUPATION (Give kind of working life, even if retire	of 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	JAMP	NAME	IILHE	P	14. MOTHER'S MAIDEN N	EPIDLEY	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARM (If yee, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT MRS, BERTIE M.		DDRESS  OFF) FAME
	(This does	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which	ATH of dying, e. eans the diseas	E., (A) Relin	or DEATH	\	INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CA		There	0. 200 4		
CATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (A YING CONDITION	A) STATING T		rovo gracacas		
RTIFIC		11		_ 1C)			
CER	TRIBUTIN	SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELAT	ED			
L	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City, g	
Σ	ID. TIME	(Month) (Day) (Yes	200	21E. INJURY OCCURR		Y OCCUR?	
	22. I hereb deceased a 23A, SIGNA	live on NOV.	ttended the	and that death occur	TOBER 25, 195 2 to No., from to 238, ADDRESS	OVEMBER 11, 1952 the causes and on th	that I last saw the e date stated above.
	ZJA, SIGNA	Deorgie	Leys	weds M.D.	union Memori	al Hospital	11/11/52
2 T1	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE Specify)	-52	Oak La	ERY OR CREMATORY 240, L	stein Core	or county) /(State)
	ATE RECEIVE		R'S SIGNATU	IRE Niu	25. FUNERAL DIRECTOR	muelly 6	ADDRESS
	VS 150	190%	7	6635 52	101035	2 7	



52 10362 BALTIMORE CITY HEALTH DEPARTMENT 52 10362 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not an hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write-RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED. If Under 1 Year WODOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. TOA. USUAL OCCUPATION (Give kind of 10B. KIND OF 11. BIRTHPLACE (State or foreign country) SUSINESS OR 12. CITIZEN OF e life, even if retired) INDUSTRY WHAT COUNTRY aures 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes. no or unkoowo) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Perined + Sluteal Ulcar LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from . 195 2 that I last saw the 1952 and that death occurred at 2.50 fm., from the causes and on the date stated above. deceased alive on\_ 23C. FATE SIGNED 23A. SIGNATURE 238. ADDRESS JOHNS HOPKINS HOSPITAL 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) BURIAL, CREMA-TION\_REMOVAE (Specify) TE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE John Johnson Nov. 9-1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE Mary land B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1422 S. Hanover St. zone 30 ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | | Under I Year | If Under 24 Hours | Months! Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Nov. 22, 1885 Widowed 10A. USUAL OCCUPATION (Glyckind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Ret. Night Watchman INDUSTRY WHAT COUNTRY Car Wheel Co. Norway 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT timore City Hospital Ress (If yes, give wer or detes of service) (Yes, no or nnknown) SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Terminal Carcinoma (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., In or ebout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from 11-9-, 19 52 to 11-9- , 19 52, that I last saw the deccased alive on 11-9-\_\_\_\_\_\_19\_52 and that death occurred at 11.294 From the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave., Baltimore, Md. 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Maryland Mt. Carmel Cemetery Baltimore. burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1217 St. Paul Street

30.3 TO STEED OF WHAT IS AND THE STREET OF THE ST 7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

(C) ..

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in ar

21E. INJURY OCCURRED

19 S and that death occurred at\_

KEY SER

NOT WHILE!

24C. NAME OF CEMETERY OR CREMATORY

about home, farm, factory, street, office bldg., etc.)

WHILE AT

SECURITY NO.

Widowed

10B. KIND OF BUSINESS OR

Ne E. 6066	iN	2. DATE OF DEATH	112/52
	4. USUAL RESIDENCE A. STATE	(Where deceased lived.	f institution: residence before admissi
r institution, give street address or location)	MARYLAND		
location)	C. CITY OR TOWN	(If outside corporate limit	its, write RURAL and g

11. BIRTHPLACE (State or foreign country)

Generalized CARCIVOMATOSIS

CANCER OF RIGHT BARAST

21F. HOW DID INJURY OCCUR?

KEYSER

21c. WHERE DID

INJURY OCCUR?

6.00 Am.

25. FUNERAL DIRECTOR

BALTIMORE

9. AGE (In years

44

m)

I If Harles 24 Hours

WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSY

YES

19D that I last saw the

23c. DATE SIGNED

(If in Baltimore City, give exact location)

from the causes and on the date stated above.

WEST

240 LOCATION (City, town, or county)

NO

If Under 1 Year

12. CITIZEN OF

last birthday) | Months: Days | Hours: Min.

ADDRESS

D. STREET ADDRESS (If rural, give location) L- . HOFFMAN 1202

Mos.

LEON K. GOGGIN, 120 2 E. HOFFMAN

8. DATE OF BIRTH

17. INFORMANT

CAUSE OF DEATH

JUNE 18, 190 8

Davs

INDUSTR

18.

gth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of)

ork done during most of working life, even if retired)

13. FATHER'S NAME

CHECKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. I hereby certify that I attended the deceased from 1

REGISTRAR'S SIGNATURE

24B, DATE

19A. DATE OF OPERATION

CAUSE OF DEATH

deceased alive on [1]

NJURY

23A. SIGNATURE

KEMOVAL DATE RECEIVED BY

LOCAL REGISTRAR

21A. ACCIDENT WAS UNDER-

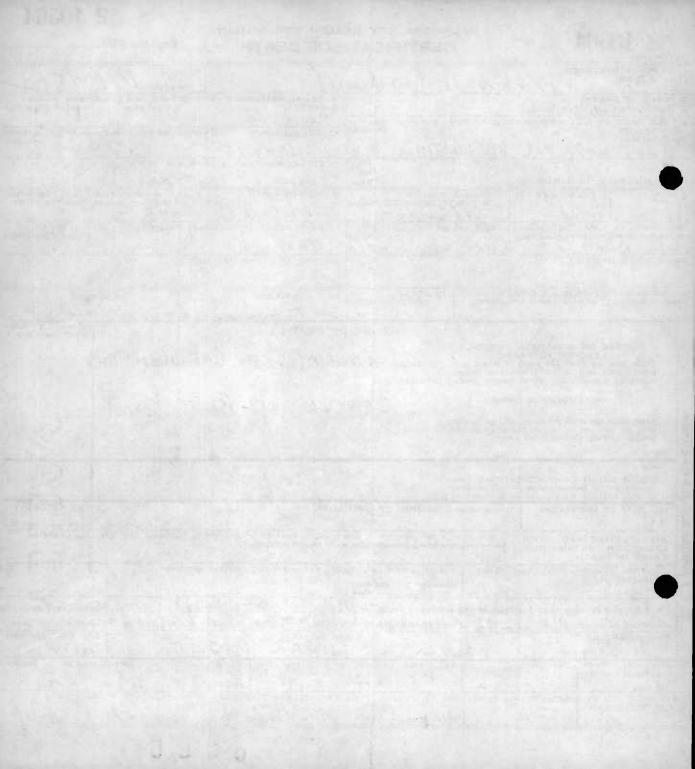
LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

6. COLOR OF RACE

24A. BURIAL, CREMA-

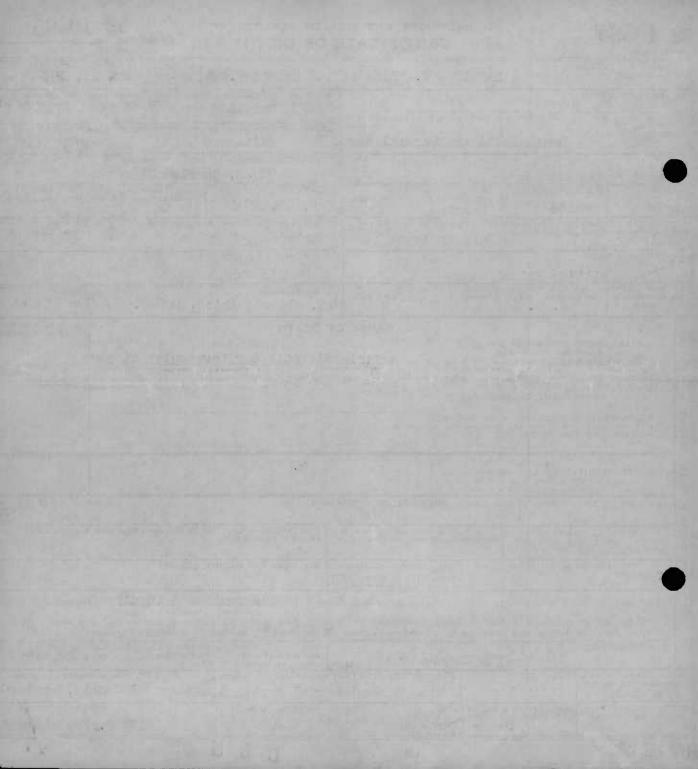
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2 10350		(	FRTIFI	CATE	OF DEAT	Н	Registere	d No.	DCM.	).J
BIRTH NO.			DEIXTH I	<u> </u>	- OI DEAT	1 1				
1. NAME OF DECEAS (Type or Print)	SED	HAZELTO	N T. PRI	CE (A	lias HASTON	T.PRICE	OF NO	v. 11	, 19	52
3. PLACE OF DEATH: a. Baltimore City, I	Maryland				4. USUAL RESIDE					esidence e admission
B. FULL NAME OF HOSPITAL OR	of not in hospit	al or institutio		ddress or ocation)	c. CITY OR TOWN		ide corporate li	imits wri	te RUR	AI, and giv
INSTITUTION	South Ba	altimore	General	Hosp	. Balt	timore	2	3-0	12	township
ength of stay in				Yrs. Mos. Days		S. Char	les Stre	et		
	LOR OR RACE	7. SINGLE. WIDOWE Marri	D, DIVORCED	(Specify)	Oct. 15, 18		AGE (In years last birthday) 58	Months	Year If Days H	t Under 24 Kours Iours Min.
DOA. USUAL OCCUPATOR DOR DOR DOR DOR DOR DOR DOR DOR DOR D	FION (Give kind of glife, even if retired)	Self E	mployed mployed	OR OUSTRY	11. BIRTHPLACE (S				VHAT (	N OF COUNTRY
13. FATHER'S NAME			Corest		14. MOTHER'S MA	IDEN NAME				
	iam Price				Maggie I	Dunn				
15. WAS DECEASED EVE Yes, no or unknown) (If )	R IN U.S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY	Y NO.	17. INFORMANT Mrs. Flossie	Price,	909 S.	ADDRE	es S	treet
(This does not	enia, etc. It mea ication which of CEDENT CAUSE CONDITIONS, III DVE CAUSE (A) CONDITION LA	TH  of dying, e. g.,  ns the disease,  caused death.)  SES  F ANY, GIVING  STATING THE	OUE TO	terio	sclerotic ca	ardiovas	cular di	sease		
OTHER SIGNIF TRIBUTING TO TI TO THE DISEASE	HE OEATH, BUT	NOT RELATED	***************************************	••••						
19A. DATE OF OPE	RATION 1	9B. MAJOR I	INDINGS OF	OPERA	ATION					TOPSY?
21A. EXTERNAL C. UNDERLYING () UTING () CAUSE	OR CONTRIB-	21B. PLAC about home, far	E OF INJURY m, factory, street, of	(e.g., in lice bldg., et	or 21c. WHERE D	OID (If in R?	Baltimore Cit		xact loc	No Z
F INJURY	(Day) (Year)	WH		CCURRE T WHILE	D 21F, HOW DID	INJURY OC	CUR?	316	- NA	
the evidence and death in	obtained by	said Autop	sy, Inspection	on or I	nquiry, find that $X$ , accident $\Box$ ,	Autopsy, Inspe said decea suicide □,	ection or Inqui sed dicd on homicide	the da , undet	y state	ed above $above$
23a. SIGNATURE	RE	56 r	sher		238. CHIEF ME ASSISTANT ME D. MEDICAL INVE	ESTIGATOR			,	
24A. BURIAL CREMA- ION REMOVAL (Specify) burial	11/15/5				morial Park		Arundel			(State)
DATE RECEIVED BY	REGISTRAR'	SIGNATUR	Miliami	R. S. 100	Vm. Cook	ECTOR	1217	St. F	aul	Street

56×24 10350

OV6113 1952

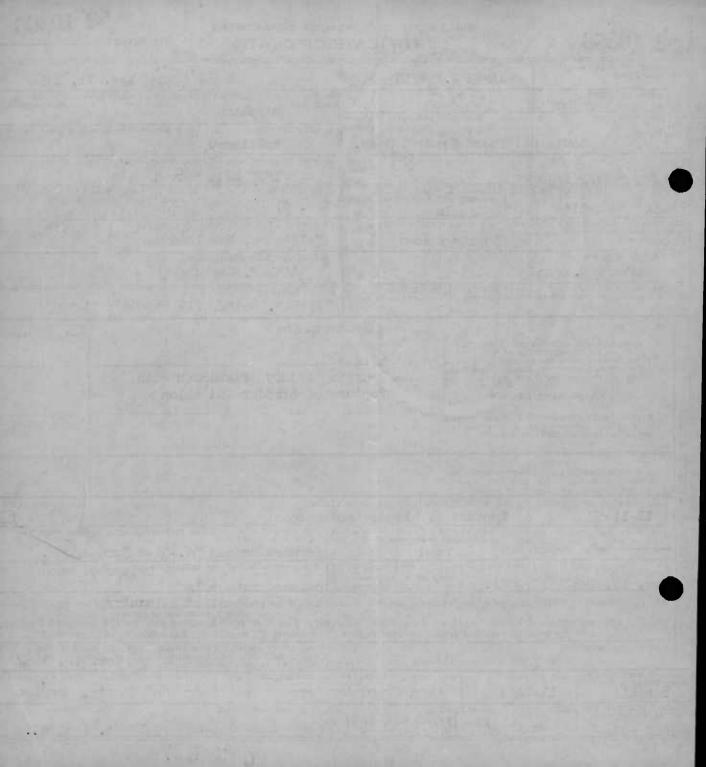


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	DK	1031
egistered	No.	

2. DATE

			OHLIEO I	• MUNPHI		DEATH NOV	• 11, 1952
A		City, Maryland			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived, If	institution: residence before admission
B	FULL NAME	OF 'f not in hospit	al or institu	tion, give street address or location)			
ii	NSTITUTION	Court's Dolla	damana C			(If outside corporate limit	ts, write RURAL and giv
_		South part	more (	General Hosp.	Baltimor	10 1	-04
				Yrs. Mos.	D. STREET ADDRESS (	, -	1
		stay in Baltimore		Days	1828 Bel	t Street	
	male	6.COLOR OR RACE	WIDOV	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 6, 1933		if Under 1 Year on the Days Hours Min.
10	OA. USUAL OC	CUPATION (Give kind of	Sing	O OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
L	aborer	of working life, even if retired)		ers Bakery	Baltimore, Man		WHAT COUNTRY
1:	3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
		ct L. Murphy			Edith M. Goe	etz	
(Y	os, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Edith M. Goetz		DDRESS Street
	18. E8	23.4	3 (6.5)	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY				ONDE! AND DEATE
	(This does	LEADING TO DEA	of dving, e.	s. (A) Shock			
	neart failt	are, asthenia, etc. It mes complication which	ins the diseas		ing injury of ab		***************************************
					re of bladder and		
		ANTECEDENT CAUS	SES			n coron	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING				***************************************		*********
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				HE DUE TO			
Y	(c)				***************************************		
F		11					
T	OTHER S	GIGNIFICANT CONDI	TIONS CON	N.			
E		ISEASE OR CONDITION					
O				FINDINGS OF OPER			20. AUTOPSY?
A	11-11-	-52		of bladder an			YES NO X
EDICAL	21A. EXTER	MAL CAUSE WAS	about home.	ACE OF INJURY (e. g., in farm, factory, street, office bldg., et	or 21c. WHERE DID	(If in Baltimore City, a	give exact location)
G	OTING (	AUSE OF DEATH.		road	Furnace Branc	h RdGlen Bur	mie. Md. 5200
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUI	RY OCCUR? Driver	of outo
1	OF INJURY			WHILE AT NOT WHILE	X crashed into	DLIAGI	or auto
K							
	22. I certi	jy that I took ehar	ge of the	remains described a	bove, held an inspect	Inspection or Inquiry	L thereon and from
	the evi	idence obtained by ath in my opinion	said Auto	psy, Inspection or In	nquiry, find that said of , accident K, suicide	deceased died on th	e day stated above
	23A. SIGNA		~				
-		10	1 -cs		23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	ov. 12, 1952
710 TI	4A. BURIAL, ( ON, REMOVAL (S	CREMA- 24B, DATE		24c. NAME of CEMETER	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
	burial	11/14/	52	Glen Haven Ce	emetery Ann	e Arundel Cour	nty, Maryland
	ATE RECEIVE		SIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
-	OCAL REGIST	HAR IL A	+ 1	MH: AIRIS MJ	Wm. Cook	6- 1277 0	t. Paul St.
70	3 19	1) Alwaria	ylor !	STATE OF THE PARTY		/AC. 1/1/ 01	o Taur Du
V	S 151	N867.2	0	9-784	K 0 1 0 3	5 7	V



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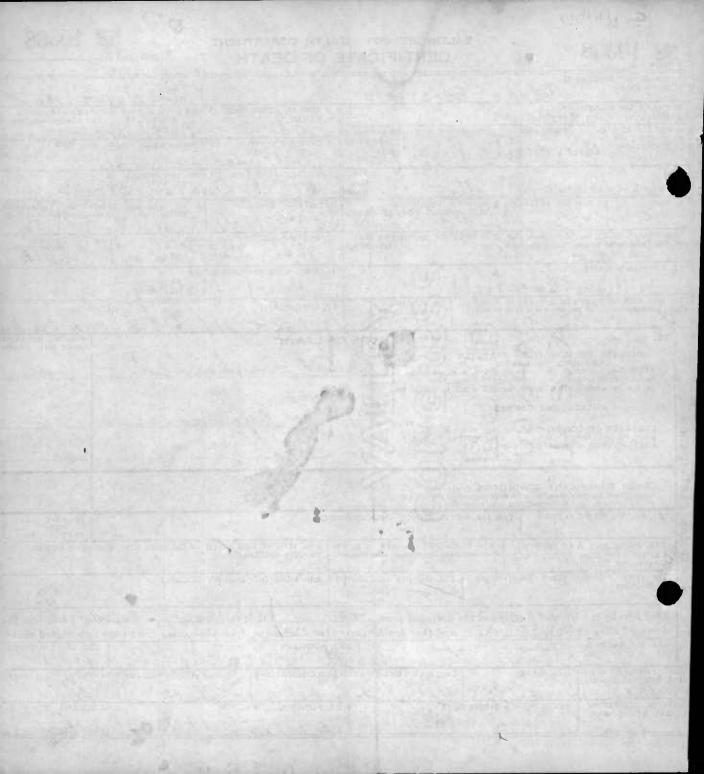
	2 103 RTH NO.	67		TIMORE CITY HE			Registere	1.0357 d No	
1.	NAME OF D		arles J	. Lippy			2. DATE OF DEATH NO	vember 11, 1	.952
	PLACE OF D				4. USUAL RESI	DENCE (Wh		. If institution : reside	nce
в.	FULL NAME OSPITAL OR STITUTION		al or instituti	on, give street address or location)	c, CITY OR TOW	aryland	atside corporate li	mits, write RURAL a	
		J)†(	00 Dell	wood Avenue		altimore		1-3-08	vnship)
-	Longth of s	stay in Baltimore	E0 ***	Yrs. Mos.	D. STREET ADDI		ral, give location) Lwood Aven		
	SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIR		9. AGE (In years	If Under 1 Year   If Under	24 Hours
	Male	White	Marri	ED, DIVORCED (Specify)	June 10, 18	881	71	Months Days Hours	Min.
ork	one during most	CUPATION (Give kind of of working life, even if retired)		of Business OR INDUSTRY ore Transit Co	11. BIRTHPLACE		eign country)	12. CITIZEN OF WHAT COU	
13	. FATHER'S		Dan Gilli	ore mansio of	14. MOTHER'S M		ME	ODA	
	William	D. Lippy			Sarah	C. Fies	ser		
15 Yes	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. 215-09-3591	17. INFORMANT John J. L.		ViOO Dellw	ADDRESS	
٦	10 //	o a and	met had	CALISE	OF DEATH	-PPJ	2400 202211	INTERVAL BE	
	DISEA (This does heart fails	SE OR CONDITION LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which c	TH f dying, e.g ns the disease aused death	Ou	terros ong H	leur	the XX	Dege 10	year
CALION	RISE TO T	S OR CONDITIONS, II	F ANY, GIVIN STATING TH	G (B)		tes !	melle	I. 20y	Core
באבו	TRIBUTING	II  BIGNIFICANT CONDI  G TO THE DEATH, BUT  DISEASE OR CONDITION	NOT RELATE	D					
1	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			20. AUTOF	
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i			in Baltimore Cit	ty, give exact locatio	n)
2	INJURY		m.	2 1E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK					
,	22. I herel deceased a 23A, SIGNA	by certify that I att	tended the	deceased from ha	rred at 135 pr	n., from th	e causes and o	n the date stated	above.
2. TI	A. JURIAL,	CREMA- 24B. DATE Specify)		M. D.   24C. NAME OF CEMETE			CATION (City, to		State)
	Burial ATE RECEIVE OCAL REGIS			Kriders	25. FUNERAL D	IRECTOR		Maryland ADDRESS	
	VS 150	V Thurstan	dow 14	661 T	Burgee Fur	e F. R	wigee	Falls Road	
				0 4 3	( )	y m	7		

of January Sound her Blog Challet on heart Lord with the best of the

### BALTIMORE CITY HEALTH DEPARTMENT

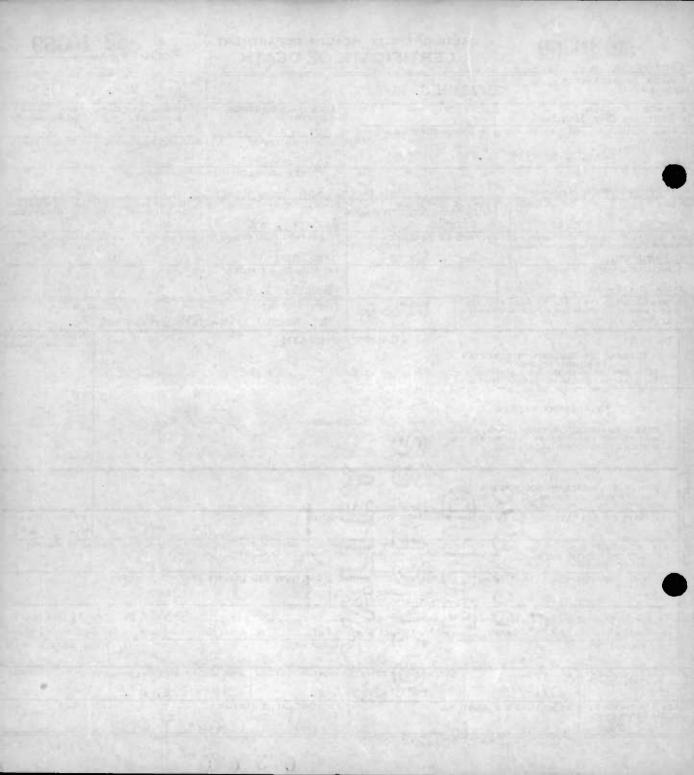
52 10368

CERTIFICATE OF DEATH Registered No. 2. DATE aude DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. CQUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore HOSPITAL OR location) INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSDITA township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore LexingTon Pierre 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR II BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) 12. CITIZEN OF INDUSTRY Carolina South hild 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2m 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, moor nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK AT WORK 22. I hereby certify, that I attended the deceased from Sept. 195 2, to NOV. , 19 that I last saw the deceased alive on NoV. 195 , and that death occurred at 12:45 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE/SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



H-432

		2 10369		TIMORE CITY HE	E OF DEATH	Registered	2 10369
	NAME OF D	DECEASED				12 DATE	
	ype or Print)		ELIZABE	ETH C. HOLTZ		OF NO	v. 11, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDENCE (	Where deceased lived. B. COUNTY	If institution; residence before admission)
H	OSPITAL OR			ion, give street address or location)	c. CITY OR TOWN (I	f outside eorporate lin	nits, write RURAL and give
IN	ISTITUTION	606 Lawn Park	Rd.		Baltimore		28 - 0 township)
		8-YES		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	SEX SEX	stay in Baltimore	7. SINGLE	Days Days	B. DATE OF BIRTH	9. AGE (In years)	If Under I Year   If Under 24 Hours
f	emale	white		ED, DIVORCED (Specify)	Jan. 12, 1908	last birthday)	Months Days Hours Min.
10	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	aleswoma		Der	ot. Store	Maryland		WHAT COUNTRY?
	FATHER'S				14. MOTHER'S MAIDEN N	AME	
J	ohn Holt	Z			Nannie C. Hod		
15 (Ye	, was DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	000			02001111101	Mr. John Holtz-	4606 Lawn F	ark Rd.
CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA'S not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	FH f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) Abbahan	Land John Pu	Sept of State	Događa
L			the same	FINDINGS OF OPER	ATION .	- , /	20. AUTOPSY?
V	UMRA	ocens!	1 212 81	ACE OF INJURY (e. g., in	ort 21c. WHERE DID	of Malemore City	yes No
MEDIC		DENT WAS UNDER- PR CONTRIBUTING DEATH		farm, factory, street, office bldg., e		) July Darthalore Ons	, give exact location)
-	Ib. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE		Y OCCUR?	
	22 77	har and if a 12 mil 7 mil	m. (	WORK AT WORK	1050 +	12 1/2 /10	that I last saw the
	deceased a	live on 19-	enaea the	deceased from	red at 45 ff m., from		
	23A, SIGNA	CURE	9 10	V2	3B. ADDRESS	1	23C. DATE SIGNED
1	11/1/1/	MA Tons	nn	MIN MON	14.03 Erlman	Mullies	0 13/10051
72	ON, REMOVAL	Specify) 24B. DATE	78 400	24C. NAME OF CEMETE		OCATION (City, to	
B	urial	/ 11/13/9		Druid Ridge		esville, Md.	
LD	ATE RECEIVE	TRAR REGISTRAR	SSIGNATU	JRE Land	25. FUNERAL DIRECTOR	mer & So	ADDRESS
	VS 150	Hunling	ston 1	Thisus M.	261C0 3 A	Sacto 1	, md.
			3	me have If I	000	U	



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59 402mg BALTIMORE CITY HE	EALTH DEPARTMENT 52 103,70
BIRTH NO. 52-26942 CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) David D'Alexandre	2. DATE OF DEATH //7/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION St. agnes Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore H township)
Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days [Hours; Min.
Male Sthete	11/7/52
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph	Ederice Stemm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	DE DEATH  NET AND DEATH  NET AND DEATH
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION   20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the
deceased alive on, 19, and that death occurr	
23A. SIGNATURE Caseue M.D. 23	Sh. Clares Hospital 1/1/1/2
24A. BURIAL, OREMA- 24B. DATE 110N. REMOVAL (Specify)	, P
	25. FUNERAL DIRECTOR ADDRESS
101 13 1952 tuntinaton Williams, M.P.	Y. FAHER & SONS 401 SUFFOLK Rd 18
VS 150	
	010361

K- BIRTH	5; 16	2	10	371	
				_	_

52 10374 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Lemuel Kifer. DEATH NOV 12.1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5260 Cordelia Ave. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore Days 5260 Cordelia Ave 6. COLOR OR RACE 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male white Married Feb 2.1893 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Oiler Maryland Electric 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown. Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or nnknown) SECURITY NO. 1st W.W Infantry. 03 4017 Mrs.Anna Kifer.5260 Cordelia Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY AT WORK WORK 1924 LOW 12 22. I hereby certify that I attended the deceased from March . 19 that I last saw the deceased alive on work, 195 and that death occurred at I Em., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Nov 14/52 Balto National Frederick Rd. Md DATE RECEIVED BY | REGISTRAR'S SIGNATURE LOCAL REGISTRAF

VS 150

Lemmel Mifer; Bund veral 5260 Cordella Ave. eva atlebuch nask office wilto Delvis de la mart, c det electronic gerodien Teleparetes.

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ADDRESS

		10372	ВА	CERTIFICAT			d No
_	NAME OF D	ECEASED				10.5	
(3	Type or Print)	J	OHN A.	RADER			. 11, 1952
3 A	Baltimore (	EATH: City, Maryland 3	436 Be	lair Road	A STATE	E (Where deceased lived	
В.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institu	ation, give street address or location)		yland	
ir/	STITUTION			iocation)	c. CITY OR TOWN	(If outside corporate li altimore	mits, write RURAL and gi
d				Yrs.	D. STREET ADDRESS	(If rural, give location)	
		tay in Baltimore		Mos. Days	3436 Bela	air Road	
	SEX	6. COLOR OR RACE	WIDO	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Mir
_	Male	White	Wido	wed	July 2, 1874	78	
MOL	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTR
	carpenter	-retired			Penna.		U.S.A.
13	B. FATHER'S N	_			14. MOTHER'S MAIDE	N NAME	
		ristian Kade			Don't l	mow	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No.			J. SEGORITI NO.	Mrs. Lottie Ke	emper 3436 Bel	air Road
	18. 420	. /		CAUSE	OF DEATH		INTERVAL BETWEE
		E OR CONDITION				A	ONSET AND DEAT
	(This does	not mean the mode of	f dving, e.	g., (A) Un	gra lu	torio	10 minte
	heart failu injury or	re, asthenia, etc. It mes complication which	ns the disea aused deat	ise,		•	
		ANTECEDENT CAUS	FS	/	, 0	4,	17 1
z				(B)	youardia o	muce	2 mints
5	DISEASES RISE TO T	OR CONDITIONS, !	F ANY, GIVE	ING		/	
Y		ING CONDITION LA		(C)			
H							
ERTIFICATION	OTHER S	II IGNIFICANT CONDI	TIONS CO	IN.			
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	TED US	ne		
		168.0		R FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	1	one	6.00				YES NO
<b>IEDICAL</b>	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL about home	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	n or 21c. WHERE DID the.) INJURY OCCUR?	(If in Baltimore Cit	y, give exact location)
Σ	21D. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
	22. I horeh	y certify that I att			110 195.70	1/-// 10	that I last saw t
	deccased al			and that death occur	,		the date stated abou
	23A. SIGNAT		, 10		3B. ADDRESS	1 0 0	23c. DATE SIGNE
	Dr	Dalle /	Ille	M. D.	4510 /Lar	ford (Cool	11/12/54
2.	4A. BURIAL, C	Pecify) Nov. 14.		24c. NAME of CEMETE	RY OR CREMATORY 24	4b. LOCATION (City, to	wn, or county) (State
Вι	irial	Nov. 14,	1952	Parkwood		Parkville.	Md.

25. FUNERAL DIRECTOR

Ullrich Funeral Home 2008 Orleans St.

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

1831. 111. 

G-624			V F5	1000
52, 103.73	BALTIMORE CITY HEA			10373
BIRTH NO. Hon Kes.	CERTIFICATE	OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print)	sirk soma	alo	2. DATE OF DEATH	-13 1952
a. Baltimore City, Maryland	Stident anighted	SUAL RESIDENCE (W.		stitution residence before admission)
B. FULL NAME OF (If not in hopital or in HOSPITAL OR INSTITUTION JOHNS HOPKINS	nstitution, give street address or location)	C. CITY OR TOWN	outside corporate limits,	write RURAL and give
	Yrs.	D. STREET ADDRESS (Hr	ural, give location)	
c. Length of stay in Baltimore  5. SEX   6. COLOR OF RACE   7. S	Mos.   Days	1105 41	w soura	२
	NGLE, MARRIED.	8-31-1951	9. AGE (In years) If United last birthday) Mont	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	2	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FOR	AES I 16, SOCIAL	17. INFORMANT	Mares	DRESS
(Yes, no or bulhown) (If yes, give war or dates of sec	SECURITY NO.	JOHNS HOPKIN		DRESS
18. 756. 2 DISEASE OR CONDITION DIRECT	CAUSE O	F DEATH		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dyin	B. C. B. (A) Link	ni z hwer .		
heart failure, asthenia, etc. It means the injury or complication which caused		0		
ANTECEDENT CAUSES		tul atnesia Bil	Quels:	
ANTECEDENT CAUSES	GIVING (B) Conferri	tul atresia B: C	Quels:	
ANTECEDENT CAUSES	GIVING (B) Conferri	tul atnesia B.C	Quels:	
ANTECEDENT CAUSES	GIVING NG THE DUE TO	tul aprenia B.C	Quels:	
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DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT FOUND THE DISEASE OR CONDITION CAUSE  19A. DATE OF OPERATION 19B. M  10A DATE OF OPERATION 19B. M  11A ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING DATE CAUSE OF DEATH  1D. TIME (Month) (Day) (Year) (Hour INJURY)  22. I hereby certify that I attended deceased alive on 19A. SIGNATURE  24A. BURIAL, CREMA, 24B. DATE  TION, REMOVAL (Specify 19A DATE TION, REMOVAL (Specify 19A DATE RECEIVED BY LOCAL REGISTRAR)  DATE RECEIVED BY REGISTRAR'S SIGNATURE	GIVING NG THE DUE TO  (C)  SECON- RELATED SING IT.  AJOR FINDINGS OF OPERA  Land Sing IT.  B. PLACE OF INJURY (e. g., in a standard standa	TION  LIST WHERE DID (III  TO 21F. HOW DID INJURY  21F. HOW DID INJURY  3,1953 to  ed at 4.35 m., from the  ADDRESS HOPKINS HO	in Baltimore City, give occur?  OCCUR?  e causes and on the OSPITAL CATION (City, town, o	re exact location)  that I last saw the date stated above. 23C. DATE SIGNED
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620
52 10374
BIRTH NO.
1. NAME OF DECEAS (Type or Print)

VS 150

X	52	103	74				
Registered No.							
DATE OF	2	- 13	194				
DEATH	lived If in	stitution:	residen				

	52 103/A	CERTIFICATI	E OF DEATH	Registered No	
	IRTH NO.	7		10.01	
(Ť	NAME OF DECEASED Type or Print)	=. Starris		2. DATE OF DEATH	131952
Α.	Baltimore City, Maryland	sing stoopital	4. USUAL RESIDENCE	Where deceased lived. If institu	ition: residence before admission)
H	FULL NAME OF (If not in Hospital or institut OSPITAL OR ISTITUTION	llcation)	C. CITY OR TOWN (I	outside corporate limits, writ	e RURAL and give township)
7	JOHNS HOPKINS HOSPITA	AL	Treder	ch	55
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	00
_	SEX LE COLOR OR RACE   7 SINGL	F MARRIED	8. DATE OF BIRTH	9. AGE (In years   Il Under 1	
I	sende Harte ele	VED, DIVORCED (Specify)	3-5-1922	last birthday) Months	
	done during most of working life, even if retired)  Can like the done during most of working life, even if retired)	DOF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	Jacloscong Co.	14. MOTHER'S MAIDEN N	AME	0
	Danuel E. Harr	6	makel Me	astler	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPK	INS HOSPITAL	ess
	18. 1145V	CAUSE	OF DEATH		NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				NSEL AND DEATH
	LEADING TO DEATH				Samthe
	(This does not mean the mode of dying, e.				O HACKING
	heart failure, asthenia, etc. It means the disease injury or complication which caused death				
	injury or complication which caused death	h.) DUE TO			
z	injury or complication which caused death  ANTECEDENT CAUSES	h.) DUE TO	gnant Ruperte	nsian.	Syears
NOI	injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN	h.) DUE TO  (B)Mal	quant Ryperter	nsion	Syears
ATION	injury or complication which caused death  ANTECEDENT CAUSES	(B)Mal	gnant Ryperte	nsian	Syears
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# BALTIMORE CITY HEALTH DEPARTMENT

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	الد المال	) (J. e 1.)	CFI	RTIFICAT	E OF DEAT	H Registered	l No.
-	IRTH NO.	g some der sign og					
	NAME OF Cype or Print)		Tan	Low		2. DATE	12.1952
	PLACE OF	Rebert DEATH: City, Maryland Be	14- O:4-		4. USUAL RESIDE	ENCE (Where deceased lived.	If institution: residence
В.	FULL NAME	OF (If not in hospit	lto, City				before admission)
	OSPITAL OR			location	C. CITY OR TOWN		mits, write RURAL and give
1	10 1	903 Jeffers	on Street			altimore	0 - 0 -
				Yrs. Mos.		ess (If rural, give location)	
	Length of	stay in Baltimore	9 Menths	Days	11	ffersen St	
5	, SEA	6. COLOR OR RACE	WIDOWED, D	IVORCED (Specify		last birthday)	Months Days Hours Min.
	Male	COL.	Widewed		June 30.1		
vor	k done during mos	t of working life, even if retired)	10B, KIND OF E	INDUSTR		State or foreign country)	12. CITIZEN OF
12	Leher's	r	In Gene:	ral		pten Co.Va.	U.S.A.
14	S. FAIRER S	NAME			14. MOTHER'S MA	IDEN NAME	
1.0	Mat	erson Low			James Le	W	
(Ye	s, no or unknown	SED EVER IN U. S. ARMEI (If yes, give war or date	s of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no				Marie Hand	y 1903 Jeffer	
	18. 420			CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			A	1 -	2.0	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					· I cap	
	injury of	r complication which	aused death.)	DUE TO		0	
		ANTECEDENT CAUS	SES 1	0~	1	To to the	
Z	DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING			war or	man just a	e L
CATION	RISE TO	THE ABOVE CAUSE (A)	STATING THE I	DUE TO	M. M. Start		
S				(C)	************************************		
ERTIFI	731	11				1	
2		SIGNIFICANT CONDI					
S	TO THE	DISEASE OR CONDITION	CAUSING IT.	***************************************			
	19A. DATE	OF OPERATION 1	9B. MAJOR FINE	DINGS OF OPE	RATION		20. AUTOPSY?
CA	214 ACCI	21a. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e. g., in				ID (If in Poltimore City	yes No Very No
EDICAL	LYING CAUSE OF	OR CONTRIBUTING	about home, farm, fac	tory, street, office bldg.	in or 21c. WHERE D	R?	, give exact location)
Σ	P. TIME	(Month) (Day) (Year)	(Hour)   21E. II	NJURY OCCURE	ED 21F, HOW DID	INJURY OCCUR?	
MHILE AT NOT WHILE AT WORK AT WORK							
	22. I here	by certify that I att		10 -	- 5 195	40 hore 12 10	Sthat I last saw the
		alive on har 11	6 Test 4	hat death occu	// </td <td>from the causes and on</td> <td></td>	from the causes and on	
	23A. SIGNA		,,		23B. ADDRESS	( ) ( · ~	23c. DATE SIGNED
	4.1	(. Willem	0	м. р.	1222 n.	Caroline of	11-13-25
2 TI	4A. BURIAL, ON, REMOVAL	CREMA- (Specify)	24c. N	AME OF CEMETI	ERY OR CREMATORY	24D. LOCATION (City, tov	vn, or county) (State)
B	urial	11/15/	1952   Coa	rtland C	em.	Coartland '	Va.
	ATE RECEIV		SSIGNATURE		25. EUNERAL DIR		ADDRESS Brentles
	INIIV IA	The Hunter	your I Mich	LALLAS. MIX	YXANO	1 ///wan /	The williams

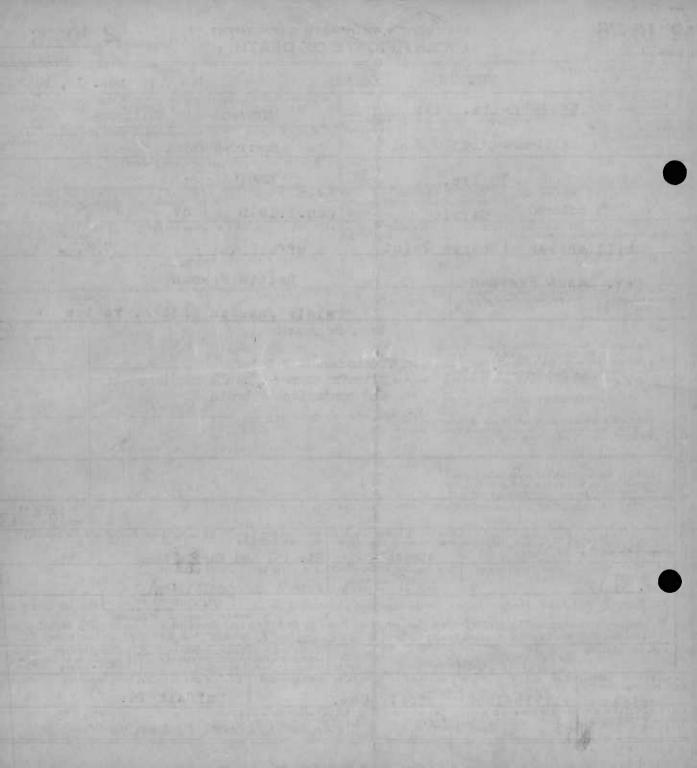
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52 10376 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10376

BIRTH NO.		F' 33	CERTIFICA	TE OF DEAT	ГН	Registe	ered No.	901	(5)
1. NAME OF D (Type or Print)	ECEASED	THURMA	N FRE	EMAN		2. DATE OF DEATH	Nov.	12.	1952
3. PLACE OF D A. Baltimore (	City, Maryland Ba	alte.	City on, give street addres	4. USUAL RESID	PENCE (Wh		ved. If institu	ution: r	
HOSPITAL OR INSTITUTION	Baltimore		locati	on) c. CITY OR TOW	N (If or	oint	e limits, writ	e RUR	AL and give township
ength of s	tay in Baltimore	10 Vra	Y: Me		I Stre		on)	H	
5. SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED,	8. DATE OF BIRT		9. AGE (In yes			f Under 24 Kour
male	colored	Marr	ED, DIVORCED (Spe	Jan.1.191	15	37	y) Months 1	Days H	lours Min
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	I 108 KIND	OF BUSINESS OR		(State or fore	eign country)		CITIZEN	N OF COUNTRY
Skil 13. FATHER'S N	ligherer	Spare	w Point	Suffolk			U.S.		
13. PATHER 5 P	AME		Shipyond	14. MOTHER'S MA					
15. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	e Frei	1187 (1	ADDRE	66	
(Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO	Delois Joh	neen	1531 E.			5 t
18. F. C.	6.4		CAUS	E OF DEATH		2002 20	[11	NTERVA	L BETWEE
DISEAS	E OR CONDITION	DIRECTLY		- O. DEATH			0	NSET A	AND DEAT
(This does	not mean the mode	of dving, e.g	, (A) Crani	ocerebral inj	ury	****************			
injury or	re, asthenia, etc. It mes complication which	caused death.	i overo with	fracture of	skull a	and lace:	ration		
	ANTECEDENT CAUS	SES	and	contusion of	brain				
DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)		******************	***************************************			• • • • • • • • • • • • • • • • • • • •
	HE ABOVE CAUSE (A)		E DUE TO				1		
<u> </u>			(C)					***********	
OTHER S	II IGNIFICANT CONDI	TIONS CON				\$4.			
	TO THE DEATH, BUT			•••••					
19A. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OF	PERATION				20. AU	NO D
	AL CAUSE WAS		CE OF INJURY (e. irm, factory, street, office bl			in Baltimore	City, give ex	act loc	ation)
UTING E	AUSE OF DEATH.		street	Rt. 151 a	and Norm	ris Lane			
INJURY	Month) (Day) (Year)		HILE AT NOT WH	RRED 21F. HOW DIE	YAULNI C	OCCUR?	T.	201	5:0:
ov. 5,	1952		WORK AT WOL						
22. I certif	y that I took char	ge of the	remains describe	d above, held an		opsy spection or Inc	the	reon	and from
and dec	ath in my opinion	said Autor	psy, Inspection o com: natural cau	r Inquiry, find that ses $\square$ , $\underbrace{accident}$ $K$ ,	t said dece suicide [	eascd died of homicide	on the day $\Box$ , undete	y stat ermine	$cd$ $above$ $cd$ $\square$ .
23a. SIGNAT	000	Frol	Ren	23B. CHIEF M ASSISTANT M M.D. MEDICAL INV	EDICAL EX	AMINER	Nov.	12,	1952
24A. BURIAL, C TION, REMOVAL (S		. 2		TERY OR CREMATORY				nty)	(State)
Purial DATE RECEIVED	11/15/	1952	Suffolk C			folk V		DECC	1
1000 P4 99	RAR	S SIGNATURE	MALLIN M.	Eling W		IMOR	sunt	RESS	wk
V S 151 /	803.2		920	30	Na Symu				Y



## BALTIMORE CITY HEALTH DEPARTMENT

52 10377

CERTIFICATE OF DEATH Registered No .\_\_ BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: A. Baltimore City, Mary the American Structure of the Str A. STATE B. COUNTY before admission) HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 27 Yrs. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED li Under 1 Year | If Under 24 Hours | Months: Days | Hours : Min. 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Morried Oct. 27.1892 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife At Home North Carolinia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucy Watson Lewis Watson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL No 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from-. 19 52 that I last saw the 19 33 and that death occurred at 1.30 Pm., from the causes and on the date stated above, deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAT 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) 11/15/1952 Norliner Cem. Norliner N.C. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

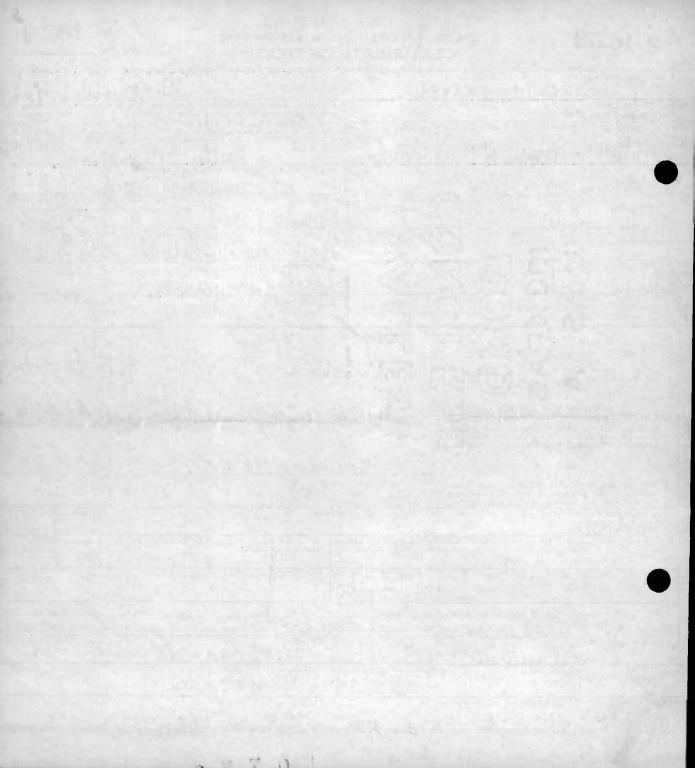
VS 150

10 HC BALTIMORE CITY HEALTH DEPARTMENT 52 10378 52 10378 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) DEATH NO MR. WALTON MA 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 9. AGE (In years | If Under | Year | II Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) MARRIEL 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR FARMER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or ooknowo) (If yes, give war or dates of service) 16. SOCIAL (Yes, oo or ooknowo) 18.42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT 22. I hereby certify that I attended the deceased from NOV. . 1952, that I last saw the deceased alive on NOV. 13. 1952 and that death occurred at 7:30 fm., from the causes and on the date stated above. 23c. DATE SIGNED 23A SIGNATURE 24C, NAME OF CEMETERY 24A. BURIAL. CREMA-TION REMOVAL (Specify 60 wisk was DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

VS 150

REGISTRAR'S SIGNATURE

614		1	
5/ 1910/0	EALTH DEPARTMENT	Registered No	10379
1. NAME OF DECEASED (Type or Print) BABY BOY FRAVEL		2. DATE OF DEATH NOW WILL	M. 4" 1952
S. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (W		tution : residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location)	/ I TO THE TAXABLE PARTY OF THE	outside corporate limits, wri	ite RURAL and give township)
Yrs.  Mos. Days	114 4	autow road	5300
5. SEX 6. COLOR OF RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify	Mrusy 1952		Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	Faltimore Mrs	aryland 9	WHAT COUNTRY?
Charles Richard Frank	ANOTHER'S MAIDEN NA	Le Sharer	
Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE  (A)  DUE TO	OF DEATH		At buth
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) MULL	Chiple Conspuis	e Ausmali'es,	At birth
OTHER SIGNIFICANT CONDITIONS CON-			
TO THE DISEASE OR CONDITION CAUSING IT.			20. AUTOPSY?
21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (I	f in Baltimore City, give	YES NO
HOMICIDE (Specify) about home, farm, factory, street, office bldg.			
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR UJURY WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased from deceased affice on 1-7, 19, 2, and that death occu	rred at f. 1952, to f.m., from the case of	he causes and on the do	at I last saw the ate stated above.  G. DATE SIGNED  7-52
24A. BURIAL ( REMA- 24B. DATE / 24C. NAME OF CEMETE	S MEDICAL SCHOOL NOV 1	3 1952	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AD!	DRESS
VS 150	1 1001311	MANGELLINE, My ??	



BALTIMORE CITY HEALTH DEPARTMENT Re CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DAT (Type or Print) DEAT 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where decea A. Baltimore City, Maryland A. STATES B. FULL NAME OF (If not in hospital or institution, give street address or Ma. HOSPITAL OR Doctors Hospital location) C. CITY OR TOWN 2224 N. Cha Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) labu

INDUSTRY

10B. KIND OF BUSINESS OR

52 gistered No	10380
H //-/-	52
sed lived. If in	stitution : residen before admis

sion (If outside corporate limits, write RURAL and give township) If Under 1 Year If Undar 24 Hours last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

MAIDEN NAME ADDRESS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. 752 X INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK WORK 11-1-, 195 that I last saw the 22. I hereby certify that I attended the deceased from\_ 1950 m. from the causes and on the date stated above. deceased alive on\_ and that death occurred at-

23A. SIGNATURE 23B. ADDRESS

23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR **ADDRESS** 

10A. USUAL OCCUPATION (Give kind of

ork done during most of working life, even if retired)

13. FATHER'S NAME

73	300			•				
	52 10381		BAI	TIMORE CITY HE	EALTH DEPARTMENT		52	10381
в-	IRTH NO.			CERTIFICAT		Registered	No_	
1.	NAME OF DECEAS	ED /				2. DATE		,
	Type or Print)	003	SEPH	WHIT	E	OF DEATH	01	23/52
	PLACE OF DEATH: Baltimore City, M	Iaryland			4. USUAL RESIDENCE (	Where deceased lived, B. COUNTY		ution : esidence before admission)
В.			al or institut	ion, give street address or location)		UD /1	12-6	) home
	LO DEL DEL LONG CO. L.	LOUIDE	ENT		1 A.	f outside corporate lir	nits, wri	te RURAL and give township)
				// 7 Yrs.		rural, give location)	1	O.
C.	Length of stay in	Baltimore		Mos.	1512	1 2 - 1	PET	YE AVE
5.	SEX 6. COL	OR OR RACE	7. SINGLI	E, MARRIED, ÆD, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1	Year If Under 24 Hours Days Hours Min.
_	MALE 1	FEGRO	u	DOWED	3/2/1885	167	Months	Days Hours Min.
worl	A. USUAL OCCUPAT	ION (Give kind of life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or f	foreign country)		CITIZEN OF
13	FATHER'S NAME			hove	NORTH	CAROLINA		U.S.A.
	(1)	1 DEA-	r 1	HITE	14. MOTHER'S MAIDEN N	WA H		
15	. WAS DECEASED EVER	IN U, S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		40000	
(10	e, no or unknown) (If ye	s, give war or dates	of service)	SECURITY NO.	17. Her OKMAN		ADDRE	.55
	18. 157X			CAUSE	OF DEATH			NTERVAL BETWEEN
103	DISEASE OR	CONDITION	DIRECTLY		1			NSET AND DEATH
12.	(This does not me heart failure, asthe	an the mode o	f dying, e. i		VITION of	DEHYDR	ATIO	U
В	Injury or complic	eation which c	aused death	e, .) DUE TO				
-	ANTEC	EDENT CAUS	SES					
RTIFICATION	DISEASES OR CO	ONDITIONS, 11	F ANY, GIVIN	(B)		1 (1	- 10	
AT	RISE TO THE ABO UNDERLYING C	ONDITION LA	STATING TH	HE DUE TO	ranon	y yara		
F				(c) with	generalized	metas	tas	ua)
RT	OTHER SIGNIFI				1			
CE	TRIBUTING TO THE TO THE DISEASE	OR CONDITION				***************************************		
AL	19A. DATE OF OPER	RATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
EDIC/	21A. ACCIDENT, SU	ICIDE.		CE OF INJURY (e.g., iz		If in Baltimore City		xact location)
MEL	HOMICIDE (Spec	ify)	about bome, f	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?			
2	ID. TIME (Month)	(Day) (Year)	(Hour)	11E. INJURY OCCURRI	D 21F. HOW DID INJUR	Y OCCUR?		
			m.	WORK NOT WHILE				
12	22. I hereby certi				9/24,1023,0	10/23,19	52, tho	it I last saw the
	deceased alive on	10/23	, 19	and that death occur		he causes and on	the da	te stated above.
	23A. SIGNATURE	11-1		10 11	3B. ADDRESS K	an Bit	230	DATE SIGNED
	A. BURIAL, CREMA-	24B. DATE		24c. NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or cou	1
110	ON, REMOVAL (Specify)			UNIYERSITY	MEDICAL SCHOOL IN UV 7	/ 1952		
D/	ATE RECEIVED BY	REGISTRAR'S			25. FUNERAL DIRECTOR	- Mine	ADD	RESS
	UV 14 7952	Thurtes	agtor 1	muam, "	Thurtington	~ Maaius	My	
	VS 150		9	Alm.	1 6 000 00	2		
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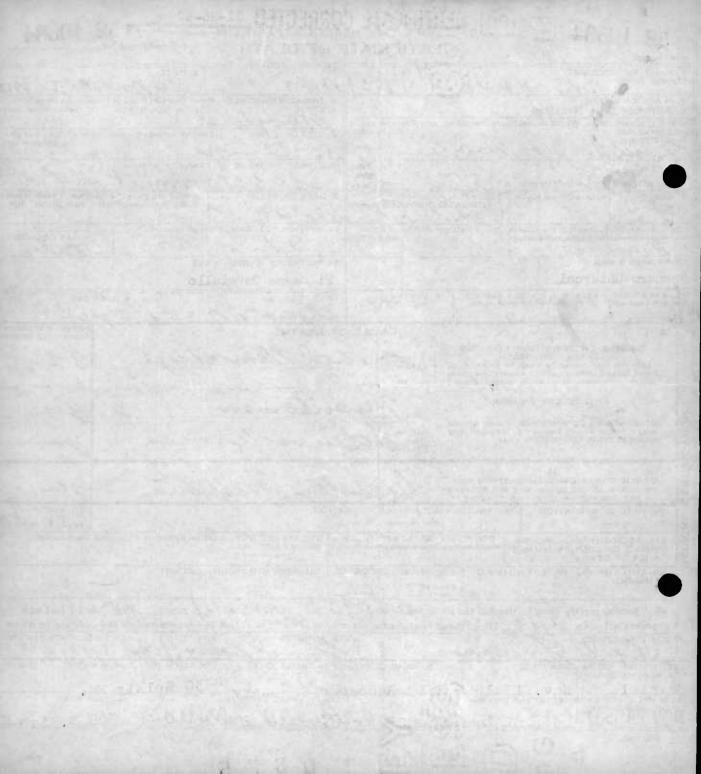
BALTIMORE CITY HEALTH DEPARTMENT 52 10382 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE C B. COUNTY (before admission) (If not in hespital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) JOHNS HOPKINS HOSPITAL C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) comes o Yrs. D. STREET ADDRESS (If raral, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED AGE (In years II Undat 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. -18 eberate 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH 3 x and, 002 x ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES V 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 96 . 1953 that I last saw the 22. I hereby certify that I attended the deceased from. 4.30 h., from the causes and on the date stated above. 10 36, 1930 and that death occurred at deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR uplow VS 150 1 0

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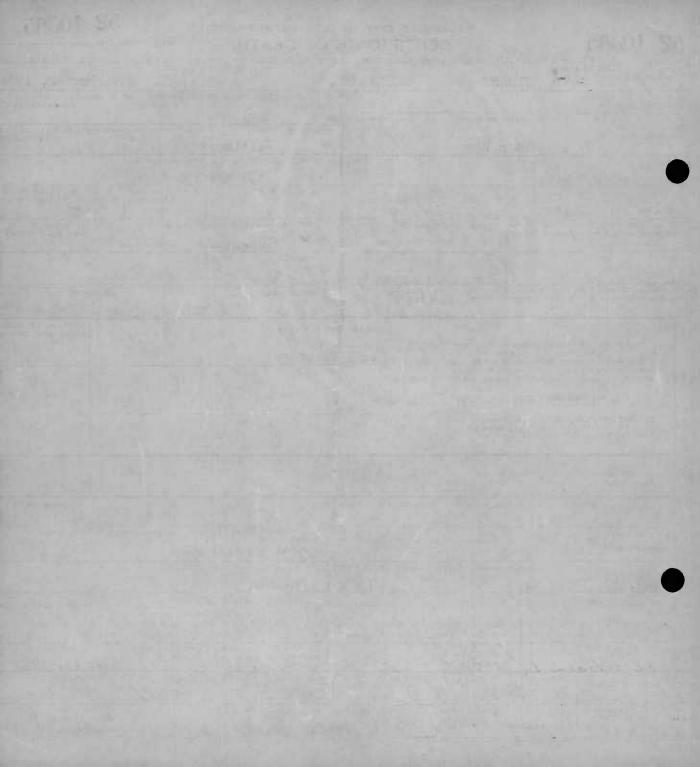
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В	52 103	383	BAI			EALTH DEPARTMENT OF DEATH		Registered No	10383
(7	NAME OF D	Cosmo	Abat	8				2. DATE OF DEATH NOVE	mber 11/52
A B.	PLACE OF D. Baltimore ( FULL NAME OSPITAL OR NSTITUTION	City, Maryland 30		keter S		4. USUAL RESIDE A. STATE Maryland c. CITY OR TOWN Baltimor	(If o	nere deceased lived. If in B. COUNTY utside corporate limits,	before admission)
	anoth of a	tay in Baltimore	67	Vno	Yrs. Mos.	D. STREET ADDRE	SS (If ru		
5	SEX	6. COLOR OR RACE	7 SINGL	E. MARRIED.	Days	301 S. E			der I Year   If Under 24 Hours
	Male	White	Mari	ED, DIVORC	ED (Specify)	December	13/74	last birthday) Mont	hs Days Hours Min.
1 C	A. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINE	SS OR	11. BIRTHPLACE (S	tate or for	eign country) 1	2. CITIZEN OF WHAT COUNTRY
_	Bar OWI	ner	Tar	venna	,	Gropoli-S	alery	no-Italy	U.S.
1.5		Abato				Filomena	Guar	illa	
(Ye	m, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAI SECUR	ITY NO.	Anthony Ab	nto 6		DRESS Md.
CERTIFICATION	(This does heart failurinjury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA not mean the mode of the complexition which of ANTECEDENT CAUS SOR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDITION SON TO THE DEATH, BUT ISEASE OR CONDITION	TH  of dying, e. 1  ons the disease  caused death  SES  F ANY, GIVIN  STATING TH  AST.  ITIONS CON  NOT RELATI  I CAUSING I	(B)  (B)  (C)	He	ral arter perten	i -s	elevois.	& Jdays
AL	19A. DATE O	F OPERATION 0 1	98. MAJOR	FINDINGS	OF OPER	ATION			20. AUTOPSY?
MEDICAL	HOMICIDE	NT. SUICIDE. (Specify)  Month) (Day) (Year)	about home, f	ACE OF INJU erm,fectory,stree	et, office bldg., e	tc.) INJURY OCCUP	R?	in Baltimore City, giv	
	- NOOK!		m.	WHILE AT WORK	NOT WHILE		10		
22. I hereby certify that I attended the deceased from two. 6, 19, to that I last saw deceased alive on 19. 19 Y and that death occurred at 330 m., from the causes and on the date stated about 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNATURE  23C. DATE SIGNATURE  23C. DATE SIGNATURE									
2.	4A. BURIAL, CON. REMOVAL (S Buria:	pecify)	= = = =		Redee	mer	240. LO	CATION (City, town, or Belair Rd.)	county) (State)
	ATE RECEIVE OCAL REGIST	D BY   REGISTRAR		Whiaus	M.F.	Frank Oct	lo U	A	DDRESS High St.
	VS 150	W. K.	9 5	2 0		037	1		

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6	,50	RTIFICATE C	ORRECTED 11-26-	52		
	52 10384 None / 1 BALL	TIMORE CITY HE	ALTH DEPARTMENT	Registered No.	10384	
ВІ	RTH NO.	CERTIFICATI	E OF DEATH	registered 110,		
	ype or Print) MRS. NAVC	TROI	ANO 2	OF DEATH HOUSE	2, 12 1952	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (When	re deceased lived, If institu B. COUNTY	ution: residence before admission)	
H	FULL NAME OF (If not in hospital or institution	on, give street address or location)	C. CITY OR TOWN . (If out	side corporate limits, wri	te RURAL and give	
IN.	hurch Home + Hospi	tal	Baltimore	26-0	township)	
	ength of stay in Baltimore	Yrs. Mos. Days	7000 IP	al, give location)	87.	
5.		MARRIED, ED, DIVORCED Specify)	8. DATE OF BIRTH 9	AGE (in years   Months		
10	A. USUAL OCCUPATION (Give kind of 108, KIND	doved.	11. BIRTHPLACE (State or foreign	68	CITIZEN OF	
	done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Stales		CITIZEN OF WHAT COUNTRY?	
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	E		
_	ennaro Chier <u>chi</u>		Filomena Gargiull	0		
(Ye	s. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A HADA	ss +O	
	18. 3311 and 260x	CAUSE	OF DEATH		NTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY		0 1/		NSET AND DEATH	
	LEADING TO DEATH  (This does not mean the mode of dying, e. g.		red Memora	age	8 days	
	heart failure, asthenia, etc. It means the disease injury or complication which caused death.	) DUE TO			E MARIE OF I	
	ANTECEDENT CAUSES	Has	sutensin		cus.	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TH			•		
AT	UNDERLYING CONDITION LAST.	(c) aa	enoselero	ola	yea.	
FIC						
ERT	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE!	NARKI	ter melle	tue.	yes.	
U	19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
SAL						
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?  YES NO 2  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
	LIM. ACCIDENT WAS DIVIDER.			n Baltimore City, give e	YES NO 4	
ME	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 2		otc.) INJURY OCCUR?			
	LYING OR CONTRIBUTING about home, far CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  1NJURY	ırm, factory, atreet, office bldg., t	ED 21F. HOW DID INJURY O	CCUR7	exact location)	
	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I, attended the contribution of the cont	PIE. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK deceased from	ED 21F. HOW DID INJURY O	CCUR7	exact location)  at I last saw the	
	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased alive on 12, 1952.	PIE. INJURY OCCURR WHILE AT NOT WHILE AT WORK  deceased from 11 family and that death occur	ED 21F. HOW DID INJURY O	causes and on the do	exact location)  at I last saw the lite stated above.	
Σ	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased alive on 1/2, 1952.	PIE. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK deceased from 1 family and that death occurring that death occurring the second se	INJURY OCCUR?  ED 21f. HOW DID INJURY Of the state of the	causes and on the do	at I last saw the tie stated above.	
Σ	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased alive on 12, 1952 (2) (1988	PIE. INJURY OCCURRING WHILE AT NOT WHILE AT WORK AT WORK deceased from 11 and that death occur	INJURY OCCUR?  ED 21f. HOW DID INJURY Of the	causes and on the do	at I last saw the tie stated above.	
Σ	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased alive on 12, 19 26,	PIE. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK deceased from 1 family and that death occurring the second se	INJURY OCCUR?  ED 21f. HOW DID INJURY Of the state of the	causes and on the do	at I last saw the tie stated above.	
Σ	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased alive on 12, 1952 of 195	PIE. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK deceased from 1 family and that death occurring the second se	injury occur?  ED 21f. HOW DID INJURY Of the red at 2:30 m., from the red at 2:30 m., from the red at 2:30 m., from the red at 2:30 m.	causes and on the do	at I last saw the stated above. c. DATE SIGNED	
Σ	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased alive on 1/2, 1952.  23A. SIGNATURE  4A. BURIAL, CREMA-24B. DATE ON, REMOVAL (Specify) BILL I ALL CREMA-24B. DATE ON, REMOVAL (Specify)	PIE. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK deceased from 1 family and that death occurring the second se	injury occur?  ED 21f. HOW DID INJURY Of the red at 2:30 m., from the red at 2:30 m., from the red at 2:30 m., from the red at 2:30 m.	causes and on the do	at I last saw the stated above. c. DATE SIGNED	



-	FO 1030F	EALTH DEPARTMENT 52 E OF DEATH Registered No.	10385
	1. NAME OF DECEASED (Type or Print) STEUART ROSENSWE	IG 2. DATE OF DEATH Novem	ber 12, 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF A fort in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY  Maryland	titution : residence before admission)
	HOSPITAL OR INSTITUTION location 3701 Egerton Road	Baltimore	vrite RURAL and give township)
	Length of stay in Baltimore  S. SEX   6. COLOR OF RACE   7. SINGLE, MARRIED.	o. STREET ADDRESS (If rural, give location)  3701 Egerton Road	der 1 Year   If Under 24 Hours
	Male White WyDOWED DIVORCED (Specify)		ns Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)  13 FATHER'S NAME		WHAT COUNTRY
	Sursulard Oseusweig 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL	Dorothy Goldstein	_
	(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY OF.	Germand Rosensweig.	- Lane
	DISEASE OR CONDITION DIRECTLY	fracture	INTERVAL BETWEEN
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21b. PLACE OF INJURY (e.g., i about home, farm, factory, etreet, office bidg., Home 21c. INJURY OCCURR	3701 Egerton Road  ED 21F. HOW DID INJURY OCCUR?	e exact location)
	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	above, held an Autopsy  Autopsy, Inspection or Inquiry  Inquiry, find that said deceased died on the	thereon and from day stated above letermined .
	23a. SIGNATURE		. 13, 1952
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington Minaur Mg	all fewir de 2100 Ge	tan of
	VS 151 N803.2		V



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Jennie 2 DEATH 3. PLACE OF DEATH: . USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 9. AGE (In years) 6. COLOR DR RACE If Under 1 Year If Under 24 Hours WIDDWED, DIVORCED (Specify) last hirthday) Months: Days Hours Min. Vingla 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO poKo anold Mid. 18. 204,0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It mcans the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

INJURY

NOT WHILE!

, 1972, to Mar. 12 , 1952, that I last saw the . 1952 and that death occurred at 8:00 f.m., from the causes and on the date stated above. 23c. DATE SIGNED

23A, SIGNATURE

Nov. 22. I hereby certify that I attended the deceased from\_

deccased alive on flow.

24A. BURIAL, CREMA-24B. DATE

REGISTRAR'S SIGNATURE

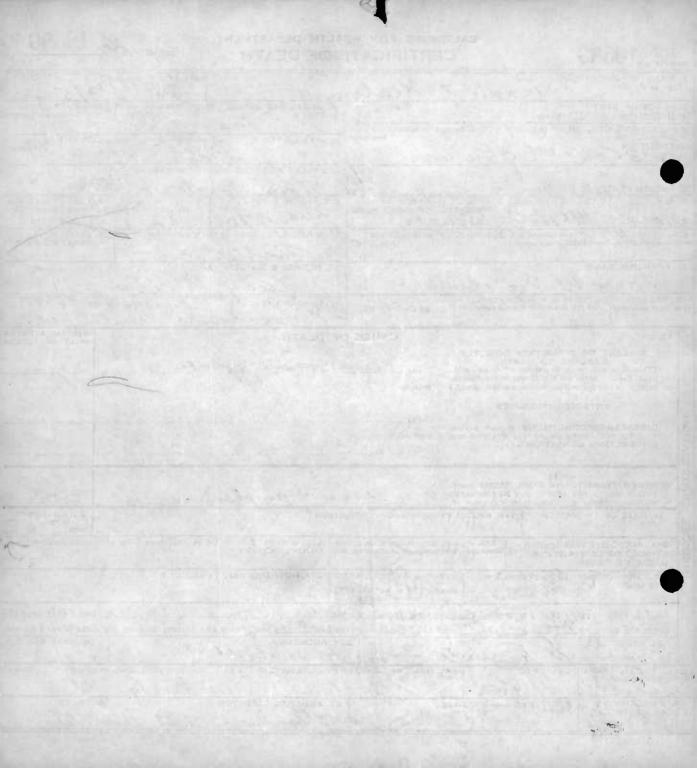
24c. NAME OF CEMETERY DR

25. FUNERAL DIRECTOR

ADDRESS

VS 150

DATE RECEIVED BY



## BALTIMORE CITY HEALTH DEPARTMENT

52 10387

	יל לל ב	0		CERTIFICAT	E OF DEAT	H Registere	d No.
=	RTH NO.	FCFACED					
(7	NAME OF D ype or Print)	ECEASED	L	ouis Schriver		2. DATE OF DEATH	Nov. 12-1952
A.		City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	
B. H	FULL NAME OSPITAL OR ISTITUTION			tion, give street address on tals location		(If outside corporate li	mits, write RURAL and give
	3	4940 Eastern	Ave.		Balti		
C.	Length of s	tay in Baltimore	L	ife Yrs. Mos. Days		n Ave.,Baltimore	
5.	SEX M	6. COLOR OR RACE	7. SINGL WIDOV	E, MARRIED, VED, DIVORCED (Specified)	8. DATE OF BIRTH	9. AGE (ln years last birthday)	
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTR	Y	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Ret. Riv				Maryland		
13	FATHER'S	CONTRACTOR OF THE PROPERTY OF	ge Sch	river	14. MOTHER'S MA	IDEN NAME	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANBA Records:	ltimore City Hos	ADDRESS Spitals
	18. 260	X .	A	CAUSE	OF DEATH		INTERVAL BETWEEN
Н	DICEAC	SE OR CONDITION	DIRECTLY		ronary Thromb		ONSET AND DEATH
	(This does heart failu	30 Min.					
	injury or						
	ANTECEDENT CAUSES Diabetes						WPI=
O		S OR CONDITIONS, I		۱G (۵)	a06 <b>663</b>		Wks
H	UNDERLY	HE ABOVE CAUSE (A)	STATING TE				
Ö				(C)		***************************************	***************************************
CERTIFICATION	TRIBUTING	II IGNIFICANT CONDS TO THE DEATH, BUT	NOT RELATE	ŁD .			
0		F OPERATION 1		FINDINGS OF OPE	RATION		20. AUTOPSY?
AL							YES NO
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg	in or 21c. WHERE D	ID (If in Baltimore Cit R?	y, give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE WORK			
	22. I hcreb	y certify that I att	ended the	deceased from 10-	-23- 19.5	1 to 11-12- 19	52, that I last saw the
П	deceased al		19 52	and that death occi	urred at 12.20AM	from the causes and or	n the date stated above.
	23A. SIGNAT	HT/h(			23B. ADDRESS	Ave., Baltimore,	23c. DATE SIGNED
Z/ TI	ta. BURIAL, (S ON, REMOVAL (S burial	CREMA- 24B. DATE 11/15/		Mt. Olive C	ERY OR CREMATORY	24D. LOCATION (City, to Roslyn,	
D.	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	VAHIAMA M	135. FUNERAL DIR	ECTOR 1217	ADDRESS St. Paul Street

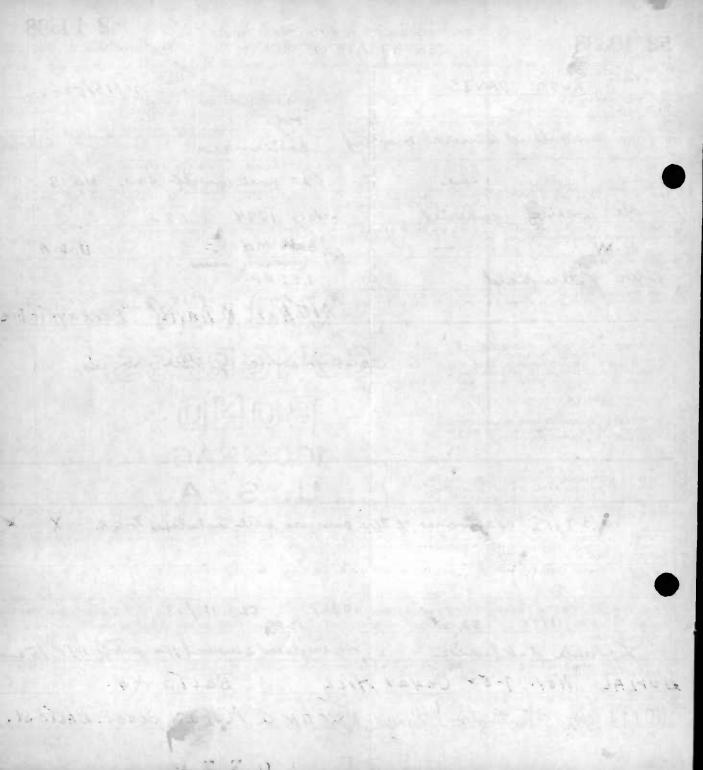
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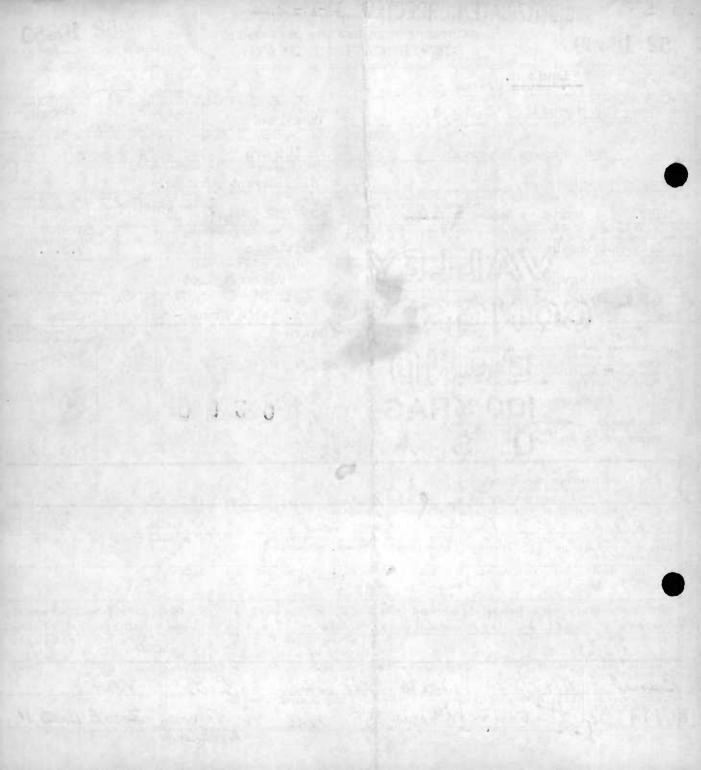
-	120		5	2 10388
B	E') 411 200	E OF DEATH	Registered	
1	NAME OF DECEASED (Sype or Print)  ROSA DAVIS		2. DATE OF	13/
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V	Where deceased lived. I	f institution: residence before admission
В	FULL NAME OF (If not in hospital or institution, give street address or	Mol		
11	Institution manyland a everal Haspital	Baltimare	- Carrie	ts, write RURAL and give township
	ength of stay in Baltimore	620 Park w	rural, give location)	No 18
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	ff Under I Year onths Days Hours Min
10 wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  H. W	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	0.3.77
	Peter Battenfield	LEIPP		
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  (a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	DAVIS 630	ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	einama y	the powe	neg
CE	TO THE DISEASE OR CONDITION CAUSING IT.			
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	nor 21c. WHERE DID (1	If in Baltimore City,	20. AUTOPSY?  No. yes No.
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK AT WORK		Y OCCUR?	
	22. I hereby certify that I attended the deceased from 19 deceased alive on 11/13, 19.52, and that death occur			2that I last saw the date stated above
2. Th	AA. BURIAL CREMA. 24B. DATE 24C. NAME OF CEMETE BURIAL (Specify) BURIAL NOV.17-52 Cedar HI		OCATION (City, town	, or county) (State)
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE  OCAL REGISTRAR  Hustington With aug. M.	ZOHN A MO	raN 3000	E. BALTOSY.

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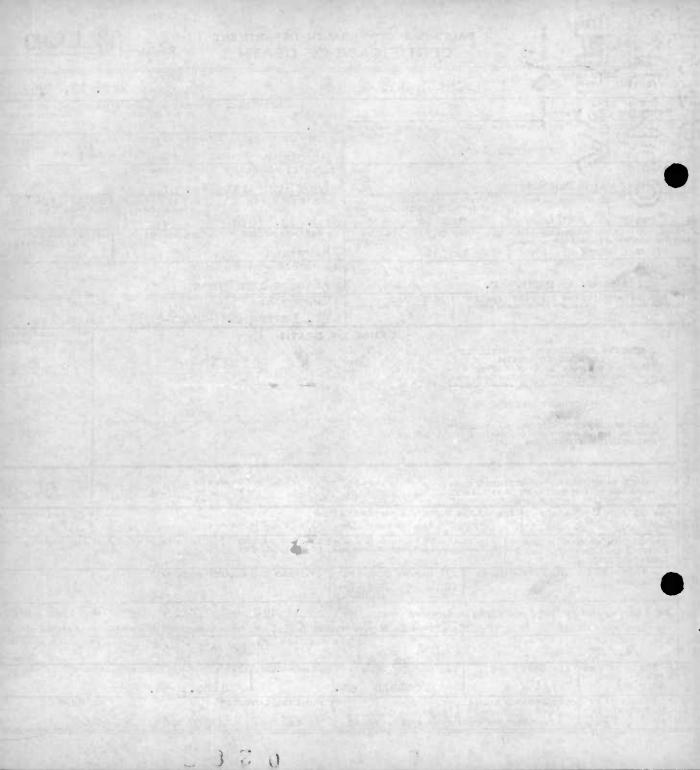
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52 1	0389	BAI	TIMORE CITY HE	EALTH DEPARTMENT	Registered	52 10389
BIRTH NO.			CERTIFICATI	E OF BEATH	_	
1. NAME OF (Type or Print)	DECEASEDLEWIS H	Drane			2. DATE OF DEATH	1/13/52
	City, Maryland	Balt	imore	4. USUAL RESIDENCE (V		If institution: residence before admission)
B. FULL NAMI		al or institut	ion, give street address or location)		13,	ALIO
INSTITUTION	Bon Secours	Woonit:		Baltimore	outside eorporate im	nits, write RURAL and give township)
	Don Secours	позрть	Yrs.	D. STREET ADDRESS (If	rural, give location)	
ength of	stay in Baltimore		Mos. Days	6113 Regent P		5300
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9 AGE (In vegre	If Under 1 Year   II Under 24 Hours
male.	white	n	Married (Specify)	2/7/17	last hirthday)	Months Days Hours Min.
work doos during mor	CCUPATION (Give kind of stof working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
	Housing Unit		A PERMIT	Baltimore		WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAIDEN NA		
	seph Drane			Margaret	Trot	
15. WAS DECEA (Yes, no or unknown	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W.W. 2			Mrs. Marie Dr	ane - wife	Same
18. 54	1.0		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION			) / A	2	ONSET AND DEATH
heort fai	es not mean the mode o	f dying, e. g	e.	entomber -	••••••	7 days
injury o	r complication which c	aused death	.) DUE TO			11
Z	ANTECEDENT CAUS	4	Just Led	King Dodies	Strump-	
RISE TO	THE ABOVE CAUSE (A) -YING CONDITION LA	STATING TH	E DUE TO	locatoute d	Bleeding	& Louis
<u> </u>			(c) Bee	olival ulcer -		
F	SIGNIFICANT CONDU	TIONS COL		P		1
W TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	0 - 11/1/	of thoras & A	lout for l.	2 desso
_	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	rail faile	20. AUTOPSY?
J ,, /	2/52	Duag	leval Weer -	Bleeding - Foce	I Pertout	YES NO
21A. ACCI	DENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or   21c. WHERE DID (I	f in Baltimore City	, give exact location)
CAUSE OF			arm, factory, street, office bldg., e			
210. TIME	(Month) (Day) (Year)	, , , , ,	21E. INJURY OCCURRE		OCCUR?	
		m.	WORK NOT WHILE			
22. I here	by certify that I att	ended the	deceased from	1/6 , 1952, to	////3 ,19	5; that I last saw the
deceased of	alive on 11/13	, 19 52	and that death occur	1/6, 1952, to red at 350 Am., from to 38. ADDRESS		the date stated above.
23A. SIGNA	7 / 5 /0	0	1 2	3B. ADDRESS	11.88	23C. DATE SIGNED
24A. BURIAL		arroll	R M.D.	1000 Dicous	Hoof 18at	11/13/32
TION ZEMOVAL	(Specify)	- '	24c. NAME OF CEMETER	9 0	OCATION (City, tow	(State)
Dura	11/1/1/3	4	Hally pay	( cem. 120	ella.	1101
LOCAL REGIS	ED BY REGISTRAR	SSIGNATU	Attinus M.D.	25 FUNERAL DIRECTOR	Novan 30	TOU E. Ball H
VS 150		0		1 4/1	Exerci.	
			69	093		



BALTIMORE CITY HEALTH DEPARTMENT 52 10390 52 10390 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) FRANCES ELIZABETH GORMAN OF Nov. 12, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Wol Penhurst Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location Length of stay in Baltimore LLO1 Penhurst Ave. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. female white Feb. 24, 1874 single 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? never worked Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William G. Gorman, Sr. Frances Ann Evans 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no Mr. Irving B. Gorman-5913 Bellona Ave. INTERVAL BETWEEN 154X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arcinoma of Nectum LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION ZO. AUTOPSY DICAL 20c. WHERE DID 21A ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WORK AT WORK an. . 19 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on hor. 6 . 193 and that death occurred at 3.40 m., from the causes and on the date stated above. 23A. SAGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) Western Cem. Balto., Md. DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



IECIECH Corrected 72/70/52 Segistered No. 1089 BALTIMORE CITY HEALTH DEPARTMENT 52 10391 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Josephine Wieciech 11-13-52 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Mdryldhol B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Baltimore Gen. Hosp. 130/7/moxe D. STREET ADDRESS (If rural, give location) Mos. 5-26 S. Pond ST. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Irom de married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY It ower up 13. FATHER'S NAME Stephen I Enc 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18.470.0 and 199.9 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 1952 to hov. 13 1952 that I last saw the 22. I hereby certify that I attended the deceased from Lyx . 24 deceased alive on nov. 13 19 52. and that death occurred at 2 22 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY! 24B. DATE 24D. LOCATION (City, town, or county) Holy Rozary Ballemere VOV. 17-1952 Burial ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 104441

See our realy in document file.

52 10392 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED. 2. DATE OF 13 Nov. 52 (Type or Print) doHI 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 3a1+0 HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) 7 - Yrs. Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years If Under 1 Year WIDOWED, DIYORCED (Specify) last birthday) Months: Days Hours: Min. Since 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME bert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no or unknown) (If yes, give war or dates of service) SECURITY NO 420.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO YES

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK

21F. HOW DID INJURY OCCUR?

24C' NAME OF CEMETERY OR CREMATORY

22. I hereby certify that I attended the deceased from 10/ >

LLMIY

nded the deceased from 10/7, 1964, to 11/13, 1952, that I last saw the 1952 and that death occurred at 657 Pm., from the causes and on the date stated above. 23. ADDRESS

, 1952, that I last saw the 23c. DATE SIGNED

ADDRESS 25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

VS 150

deceased Alive on

234 SIGNATURE

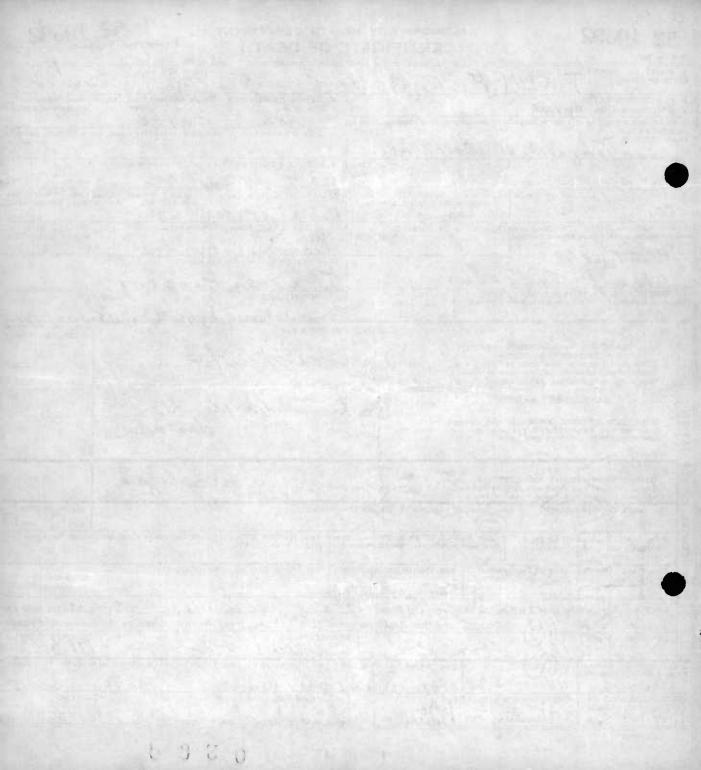
24A BURIAL, CREMA-

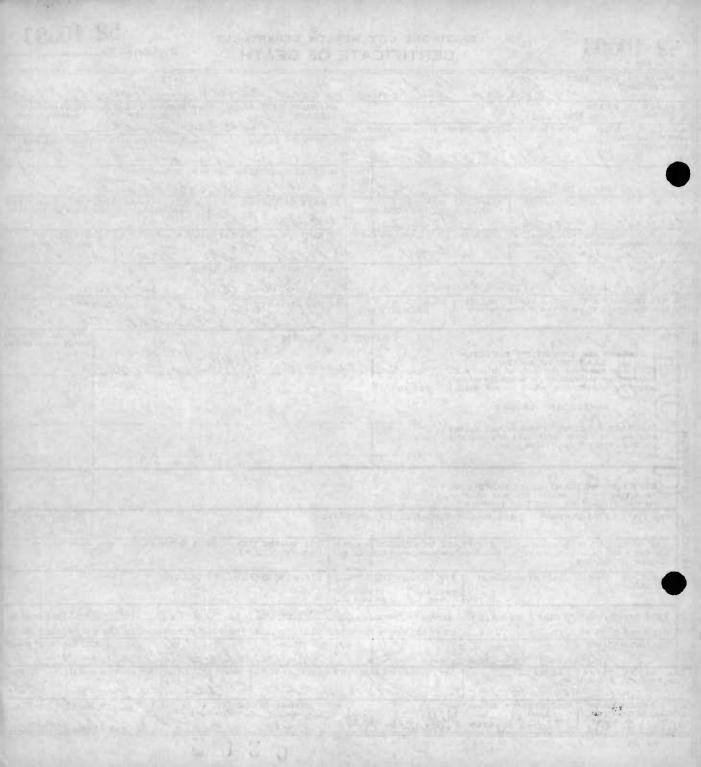
TION REMOVAL (Specify)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Red







## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10394 egistered No.

52 10394	CERTIFICATI	E OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print)	ohn W. Seigh		2. DATE OF DEATH NOV	. 13, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. I:	f institution : residence
B. FULL NAME OF (If not in hospit	al or institution, give street address or	Maryland	B. COUNTY	before admission
HOSPITAL OR INSTITUTION	location)			ts, write RURAL and give
St. Agnes! Ho	spital	Baltimore	16-	township
	Yrs.	D. STREET ADDRESS (If	rural, give location)	400
c. Length of stay in Baltimore	2 2 mos. Days	3818 Cranston	AVA (29)	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
Male White	Married (Specify)	8-29-1888	last pirthday) M	onths Days Hours Min.
IOA. USUAL OCCUPATION (Givekinder		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY			WHAT COUNTRY
13. FATHER'S NAME	Court	Pennaylvania		
Wishesl n	of als Deserved			
Michael D. S. I.S. WAS DECEASED EVER IN U. S. ARMEE	eign Deceased FORCES?   16. SOCIAL	Jennie McMe		
(Yes, no or unknown) (If yes, give war or date	s of service) SECURITY NO.	17. INFORMANT	1 22.00	DDRESS
	215-03-1755	lova M. Leig	ch 38186	candox aux
18. 584X and 26	OX CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEAT			11	
(This does not mean the mode of heart failure, asthenia, etc. It mea	f dying, e. g., (A)/N/A	ruc I man	Sucure	
injury or complication which of	aused death.) DUE TO	200	/ //	
ANTECEDENT CAUS	ES 0//	. /////	1 1 0 1	1. 4
Z	(B) (B)	nce Choledo	molecke	asio
DISEASES OR CONDITIONS, II	STATING THE DUE TO	. 11		0
UNDERLYING CONDITION LA	ST.	uc cholicos	titos o	littmis
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITIONS, III OTHER SIGNIFICANT CONDITIONS, III RIBUTING TO THE DEATH, BUT				***************************************
OTHER SIGNIFICANT CONDI	TIONS CON	14 6	10:	N. Miller III
TRIBUTING TO THE DEATH, BUT	NOT RELATED	etes Mei	letus	3 years
TO THE DISEASE OR CONDITION	98 MAJOR FINDINGS OF OPER	STION '		1 20 AUTODOV2
7 11-10-52	Chronic Chole	motito E	Itterns	20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g., in	YOF 21c. WHERE DID (I	f in Baltimore City,	
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg, e	INJURY OCCUR?		3.00
ID. TIME (Month) (Day) (Year)		D 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I att	ended the deceased from 10	1950 to	1/-/3 195	that I last saw the
deceased alive on 11-13	, 1952, and that death occur			the date stated above.
23A. SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
slepton K.	adusses M. D.	St. agree 1	43 John	11-12-52
24A. BURIAK CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town	g, or county) (State)
DATE RECEIVED BY   REGISTRAR	S SIGNATURE	25. FUNERAL D RECTOR		ADDRESS
NOV 1 1 106	nator HA alles NE	7/1:11	· HIDIGA	mondoso
Ve 150	A TENNANTANIA	way IV willy	7 To Ca	0
VS 150	CAT.	241101	20 -	au
	2,70	- Ki		

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 10395 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE ANNAA. Ebzet OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN INSTITUTION 400 Swann ave Baltimors. o. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 400 Swann. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years)

11-13-52 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside corporate limits, write RURAL and give township) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. winned 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF wark done during most of warking life, even if retired) INDUSTRY WHAT COUNTR JECTETATY Baltimors 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mayer 15. WAS DECEASED EVER IN U. S. ARTED FORCES? Yes, nn nr unknnwn) (If yes, give war or wates nf service) 16. SOCIAL Yee, nn nr unknnwn) SECURITY NO. 18. / INTERVAL BETWEEN ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY June 28, 1951 Cancer 21A. ACCIDENT, SUICIDE, 218. PLACE OF INVERY (e. g., in nr about home, farm, factory, suce t, nffice bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from June 28 1951, to Mr. 13 ., 1952 that I last saw the deceased alive on Mr 12 . 1952. and that death occurred at 2 R m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

24B. DATE 240. LOCATION (City, town, or county)

24A BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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Topo A. A. a. a. A. essorithme account that

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4	52	200	DAT	TIMORE CITY !!	EALTH DEPARTMENT	T .	9 400
	52 10	195 0000	701 BAL		EALTH DEPARTMENT E OF DEATH	Registered	£ 10396
W==	IRTH NO.	1-0901	8	CERTII ICAT	L OI BLAITI		
(1	NAME OF D Type or Print)	Jea	nnette	Willian	15	2. DATE OF DEATH NO	v. 13,1952
	PLACE OF D Baltimore (	EATH: City, Maryland	/		4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution: residence before admission)
	FULL NAME	OF (If not in hos	pital or institut	ion, give street address o			
	ISTITUTION	Universi	ty He	spital	C. CITT OR TOWN	(If outside corporate limit	s, write RURAL and give township)
				O Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	1
	Length of s	tay in Baltimore		-Days		Pratt Stre	
	F	6. COLOR OR RAC	WIDOW	E. MARRIED. ZED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (ln years last birthday) Mo	onths Days Hours Min.
1 C	k done during most o	CUPATION (Give kind of working life, even if retir	of 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
1.	Child		nou	e		nd	4.5.
13	FATHER'S	NAME	,// '		14. MOTHER'S MAIDEN	NAME	
1.5	WAS DECEASE	ED EVER IN U. S. ARM	IIII au	S SOSIAL	Nulu V	Vnile	V
(Ye	s, no or unknown)	(If yes, give war or d	ates of service)	16. SOCIAL SECURITY NO.	Folin W. Well	liams 834	Pritt St
	18. 88	5.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		000	0-0 81	1	THE SEATH
	(This does heart failu	not mean the moderc, asthenia, etc. It m	e of dying, e. g	(A)	orax cau	ma	
	injury or	complication which	caused death	DUE TO		, , , , , , , , , , , , , , , , , , , ,	
7		ANTECEDENT CA	USES	Lead	L Cucept	ralo-pathy	
TION		S OR CONDITIONS			CER	TIFICATION APPRO	VED BY
AT		ING CONDITION			/,/	- 16	
FICA					[A]A	Man 1 Mila	22 M. D.
RT	OTHER S	II IGNIFICANT CON	DITIONS CON	1 1	, CHI	IEF OR ASST. MEDICAL EXA	MUTER.
OE OE		TO THE DEATH, BU			, acrossia	_aneme-	
L	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
O A			1 215 DI A	CE OF INJURY (e.g.,	1 210 WUEDE DID	(If in Politica City	YES NO
E	LYING A OF	ENT WAS UNDER R CONTRIBUTING DEATH		arm factory, street, office bldg.	in or 21c. WHERE DID etc.) (NJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	D. TIME		7.50	21E. INJURY OCCURE	RED 21F_HOW DID INJU	IRY OCCUR?	3
	NJURY	Lover Le	10	WHILE AT NOT WHILE	X Ata Dai	Lack in	ruda. Mill
	22/1		0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	deceased from No		Nov. 13, 195	2 start I land a sent
					rred at 1/45 Am., from		
	23A. SIGNAT		, 10-,		23B. ADDRESS	the cuases and on the	23c. DATE SIGNED
	mi	Ku	My	ann M. D.	University	Hospital	11/13/52
7 TJ	AA. BURIAL, C	Decify) 248. DATE	1	24C. NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City, town	or county) (State)
12	will	11/13	152	Mestern	bein. E	emondson 42	orgeogod.
	ATE RECEIVED	RAR REGISTRA	R'S SIGNATU	RE A/SI.	25. FUNERAL DIRECTO	R	ADORESS -
_	NOV 1 4	1057 T/w	rtington	Mulliams, M.	10 m f. 6.0	wanden	Hollins
	Vs 150	1000	0	/			
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Registered No. 10397 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) -KAZENBECK KAZEM-BECK AT. EXANDER Nov. 13, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) not in hospital or institution, give street address or B. FULL NAME OF California HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Marine Hospital San Francisco D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 529 Eighth Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIE 8. DATE OF BIRTH 9. AGE (in years | | Judgr | | | Judgr 24 Hours | Inst birthday) | Months | Days | Hours | Min. If Goder 24 Hours WIDOWED, DIVORCED (Specify) male white 1900 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY mat 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ungangozen 15. WAS DECEASED EVER IN U. S. ARVED FORCES? Yes, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Nove INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Craniocerebral injury (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) Fracture of skull DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural hemorrhage OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING TO OR CONTRIB ship TING CAUSE OF DEATH New York Harbor 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OV. 4-5 1952 Fell from bulkhead while apparently WORK AT WORK  $^{22}$ . I certify that I took charge of the remains described above, held an . autongy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23B. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... Nov. 14. 1952 MEDICAL INVESTIGATOR 24A. BURIAL CREMA-TION REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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	) 10000 S	BA	CERTIFICAT	E OF DEATH		l No.
	IRTH NO.					
(7	NAME OF DECEASED Type or Print)	GOTTLOB	A. SCHOK		2. DATE OF DEATH NOV	ember 12,195;
A.	. PLACE OF DEATH: Baltimore City, Maryl			BA STATE	NCE (Where coursed lived,	If institution sesidence before admission)
H	FULL NAME OF (If not OSPITAL OR NSTITUTION	in nospital or institu	tion, give street address of location	c. CITY OR TOWN		nits, write RURAL and give township)
C.	Length of stay in Balti	imore	Life Yrs. Mos. Days	31	ss (If rural, give location) 732 Mt. Pleasar	nt Ave.
5.	SEX 6.COLOR O	R RACE 7. SINGL	E. MARRIED. VED DIVORCED (Specify	8. DATE OF BIRTH	last hirthday)	If Under 1 Year Munder 24 Hours Min.
1 C	DA. USUAL OCCUPATION (C. k done during most of working life, even Iron Worker.	Give kind of 10B, KINI m if retired)	or Business OR INDUSTR	11. BIRTHPLACE (S Baltimo:	tate or foreign country)	12. CITIZEN OF
13	3. FATHER'S NAME			14. MOTHER'S MAI	IDEN NAME	
	Gottlob	Schok		Mari	e Fitzenmaier	
Ye	5. WAS DECEASED EVER IN U. 56, no or unknown) (If yes, give v. NO	war or dates of service)	16. SOCIAL SECURITY NO. 220-01-4477	17. INFORMANT Elizabeth	M. Schok 3732	ADDRESS Mt.Pleasant
ERTIFICATION	(This does not mean the heart failure, asthenia, einjury or complication  ANTECEDEN  DISEASES OR CONDITERISE TO THE ABOVE CAUNDERLYING CONDITERIST CONDITERIST OF THE SIGNIFICANT TRIBUTING TO THE DEA	tc. It means the disear which caused death it CAUSES FIONS, IF ANY, GIVING TOO LAST.  CONDITIONS CO	(B)		per onestia	dustin
υ	19A. DATE OF OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
A						YES NO
EDIC	21A. ACCIDENT WAS U LYING OR CONTRIBU CAUSE OF DEATH	MADELL.	ACE OF INJURY (e. g., farm,factory,street,office bldg			, give exact location)
2	D. TIME (Month) (Day INJURY	y) (Year) (Hour) m.	21E. INJURY OCCUR		INJURY OCCUR?	
	22. I hereby certify the deceased alive on 23A. SIGNATURE	at I attended the	deceased from Qu	equal /6 19 s	from the causes and on	that I last saw the the date stated above.
2. T1	ON, REMOVAL (Specify)	v. 151952	24c. NAME OF CEMET		7224 Eastern	
		ISTRAR'S BIGNAT		La funeral Dire	ECTOR	ADDRESS ONKLING ST
-1	VS 150	, , , , , , , , , , , , , , , , , , ,	583	34 0 3	090	
				4 1 1		

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52 10399 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (M rural, give location) D. STREET ADDRESS Mos c. Length of stay in Baltimore Daws 5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours WHOOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. ingle 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT GOUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or date of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 4-01-6933 NTERVAL BETWEEN 4201 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Worsdon 13 Library 3, 195 That I last saw the deceased alive on Morshal) 1952, and that death occurred at 1.30 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR TION, REMOVAL (Specify) emovae ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR MADER MI .

VS 150

As December Day

52 10400 25 T 300 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution; residence B. COUNTY A. Baltimore City, Maryland A. STAT before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. ASE (In years | H Under | Year | H Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Maphiea IOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF work dope during most of working life, even if retired) INDUSTRY WHAT COUNTRY You se Wite MOK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF 12010. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ..... heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WORK 22. I hereby certify that I attended the deceased from\_ 19\_ that I last saw the and that death occurred at 1000 M. from the causes and on the date stated above. deceased alive on\_ 19 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2.4c. NAME OF COMETERY OR CREMATORY 24A. BURIAL, CREMA-24D LOCATION (City, town, or county) 24B. DATE HON, REMOVAL (Specify) Suria

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

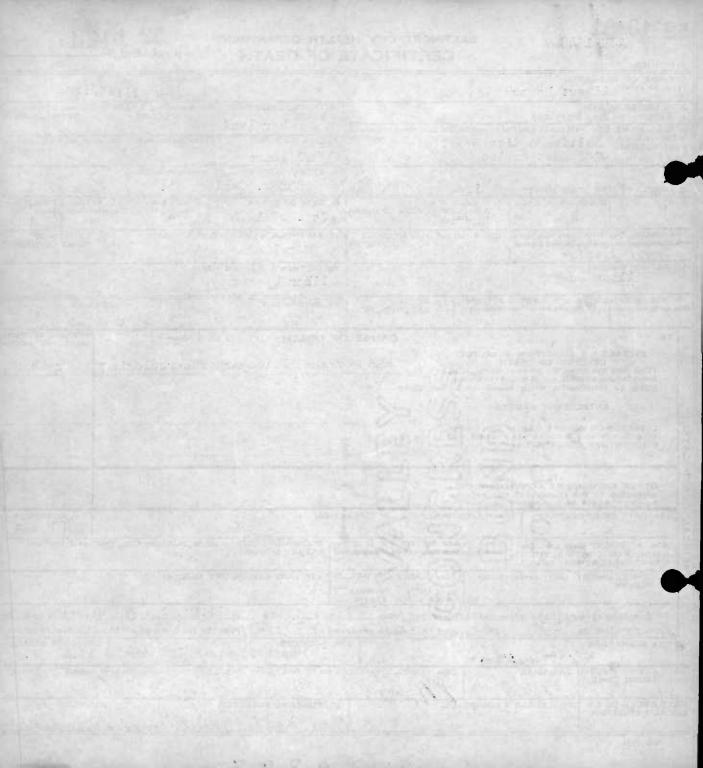
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

COMPA ST trest otherwest 11/12 36 W Come

52 10401 L-600 AJH 154869
BIRTH NO.
1. NAME OF DECEASED (Type or Print) Wilbert Lowery

BIRTH NO. BALTIMORE CITY HE CERTIFICATI	
1. NAME OF DECEASED (Type or Print)Wilbert Lowery	2. DATE OF DEATH 11/12/1952
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)  4040 Eastern Ave	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
Yrs.  Mos. Days	o. STREET ADDRESS (If rural, give location) 232 N. Carlton St. /8-02
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (In years I Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  Marylana  12. CITIZEN OF WHAT COUNTRY?
William Lowery	14. MOTHER'S MAIDEN NAME Lions Upshire
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS SX.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	lvanced Pulmonary Tuberculosis OneYear
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
218. ACCIDENT WAS UNDER.  218. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bldg., etc., in CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 12.1 deceased alive on 12.12, 1952, and that death occur 23A. SIGNATURE	17.51 19 to 11.12.52 19 that I last saw the red at 19.10pm., from the causes and on the date stated above.  32 ADDRESS 23C DATE SIGNED 19.40 Eastern Ave Baltimore Mil 11.13.52.
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)  25. FUNERAL DIRECTOR ADDRESS 322 A



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	25 TA	<b>KUC</b>		**************************************		J.	10402	
(	5-65	7)			EALTH DEPART		d No	
В	IRTH NO.			SERTIFICAT	E OF DEAT	H Registere	u 110.	
1.	NAME OF D	ECEASED	+	1.41	C	2. DATE N	ovember 13	
(1	Type or Print)	Swee	Tser	LinThicu		DEATH	1952	
	. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived	. If institution: residence before admission	
В.	FULL NAME		al or institution	on, give street address o	1 1 0	LAND	before admission,	
	OSPITAL OR	1705 N. 1-			c. CITY OR TOWN	(If outside corporate li	imits, write RURAL and give	
- [	1.2)	1103 14.		STREET	BALT	IMORE 1	5 - 6 to township	
			-	Yrs.	o. STREET ADDRE			
c.	Length of s	tay in Baltimore		76 Mes.	1705 1	J. HILTON	STREET	
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED. ED, QIVORCED (Specify	8. DATE OF BIRTH	Ingé hinéh dan)	Months Days Hours Min.	
14	PALE	WHITE		RIED	"October 10	7 (ast birthday)	Months Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10s. KIND	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF	
	Music		Mus	INDUSTR	MARY	LAND	WHAT COUNTRY	
13	FATHER'S	NAME	1 100		14. MOTHER'S MA	IDEN NAME	1	
	GEORE	ne W. GR	PPU		Louisa	1 C. ENGE		
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	<u> </u>	ADDRESS ,	
(Ye	m, no or unknown)	(If yes, give war or dates	of service)	212-12-6761		YN GREEN.	1705NHILTON	
-	1	1			OF DEATH	/	INTERVAL BETWEEN	
	7000	•	DIRECTIV				ONSET AND DEATH	
		LEADING TO DEAT	TH	Ch 100	Wir Myscho	DI TEE AND	1 2 VIDADE	
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO MYUCARDIAL DEGENERATION							
		ANTECEDENT CAUS	ES	101	opiner lenti	c HEART DISI	SALE BLIGHT	
O	DISEASES	OR CONDITIONS, IF	ANY, GIVING		7.//0.20/0.50//	C // CATE! V/S!	EASICE 3 YEARS	
CATION	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	OUE TO	man lines	ARTERiosch	2	
S			100	(c)	TVY411 ZEL	) ///	1605/\$	
CERTIF		П						
R	OTHER S	IGNIFICANT CONDI	TIONS CON-					
CE	TO THE D	TO THE DEATH, BUT	CAUSING IT					
J	19A. DATE C	OF OPERATION   1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
CA							YES NO	
EDICAL		ENT WAS UNDER-	about home, far	CE OF INJURY (e. g., rm, factory, street, office bldg.	in or 21c. WHERE D ,etc.) INJURY OCCU		y, give exact location)	
ME	CAUSE OF	DEATH						
	D. TIME INJURY	(Month) (Day) (Year)		1E. INJURY OCCURI		INJURY OCCUR?		
`				WORK NOT WHILE				
n	22. I hereb	u certifu that I att	ended the	leceased from MA	RCH 6 . 1957	, to NOVEMBER /319	that I last saw th	
	deccased at	live on NOV 13	1952 a	nd that death occi	erred at 6.3 s Pm.	, from the causes and or	n the date stated above	
	23A. SIGNA		2	/	23B. ADDRESS	17 1.00	23c. DATE SIGNED	
	Me	lun n.	mi	lew M. O.	5000 Old	Trederick Vs	Ked 11/13/52	
2	4A. BURIAL, (S	CREMA- 24B. DATE	2	4c. NAME OF CEMET	ERY OR CREMATORY	240. LOCATION (City, to	wn, or county) (State)	
	Grial	11-15-	1952	Lorraine 1	Mausoleum	Woodlawn.	Md.	
D	ATE RECEIVE	D BY BESISTBAR		烤,.	25. FUNERAL DIR	ECTOR	ADDRESS	
B	OCAL REGIST	RAR Junky	you IV	MIAILIA- M.D	C TT 3 C	1	37 13	

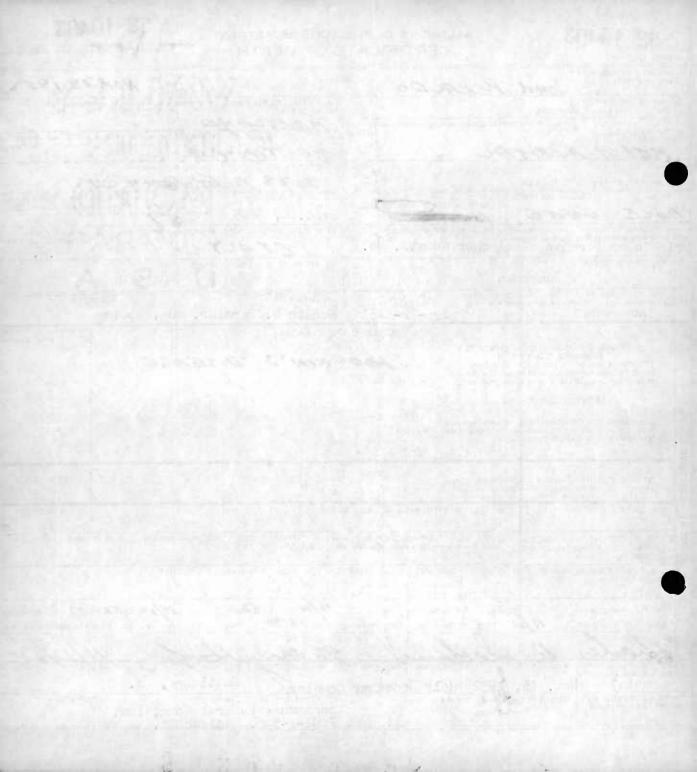
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Maria Carlos Car 

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	52 1	JAUS	BA	LTIMORE CITY HE		V	a Tenakho
ВІ	RTH NO.			CERTIFICAT	E OF DEAT	H Registe	red No
1. (T	NAME OF D ype or Print)	SOH N	PERI	400		2. DATE. OF DEATH	NOV. 12,1952
	PLACE OF D Baltimore (				4. USUAL RESIDI		yed. If institution: residence TY before admission)
B. HC	FULL NAME OSPITAL OR ISTITUTION		al or institu	tion, give street address or location)		440	e limits, write RURAL and give
		Y AUSPITT	96		BALTIO	r or a	7-6 (township)
		tay in Baltimore		Yrs. Mos. Days	30 23	TELOCOVE	
1	MIE	6. COLOR OF RACE	WIDOV	E, MARRIED. VED DIVORCED (Specify)	Sept. 6, 18	last birthda	ars I Under 1 Year y) Months Days Hours Min.
Br:	icklayer			Constr. Co.	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S N	unknov	m		14. MOTHER'S MA	iden name unkno	
15 (You	. WAS DECEASE , no or unknown)	O EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. 235-12-5451	17. INFORMANT Benito B P	eraldo, son, a	ADDRESS
ERTIFICATION	DISEASES	COMPLICATION Which CANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA	ES F ANY, GIVIN STATING TH	(B)			
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATI	ED			
DICAL	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Ш	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE D		City, give exact location)
To Time (Month) (Day) (Year) (Hour)  FINJURY  MHILE AT  MORK  NOT WHILE  AT WORK						INJURY OCCUR?	
	22. I hereby deceased al	y certify that I att	ended the	deceased fromand that death occur	red at 12:30 m.	to, from the causes and	1952, that I last saw the on the date stated above.
	23 SIGNAT	les R.	elres	land M.D. 2	9h Crue	Harle	23C. DATE SIGNED
TIC	Burial Burial	REMA- 24B. DATE pecify)		24c. NAME of CEMETE Holy Redeemer		Baltimore, Md	
	TE RECEIVE	BY REGISTRAR			25. FUNERAL DIR	ector uneral Home, I	ADDRESS



52 10404 BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MRS ALBINA HLAVIN DEATH 14 NOV. 195-2 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION N. BELNORD CRALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. MOS. N. RELNOED c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year last birthday) Months: Dnys Hours: Min. 10/17/1901 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND

14. MOTHER'S MAIDEN NAME HOUSE WIFE NONE USA 13. FATHER'S NAME MR ALBERT MRS MARY PETR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. 14 N. BELNOED AVE NO NONE DAVEHTER 18. 17 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY GENIERALIZED CARCINIMATISIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA Reproductive Organs ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Reproductive Organ & Metal. YES NO 2 k. WHERE DID (A in Baltimore City, give exact location) EDICA 1950 CARCINIMA OF JUNE 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) NONE NONE NONE D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY HONE NONE AT WORK 22. I hereby certify that I attended the deceased from JVNE , 1952, to /2 Novamon 1952, that I last saw the deceased alive on 12 Nur. 1952. and that death occurred at dillam, from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) Nov 17, 1952 Holy Redeemer Cemetery. Burial Belair Rd. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR Schimunek Funeral Home, untington VS 150 2601-03-05 E. Madison Street 10306

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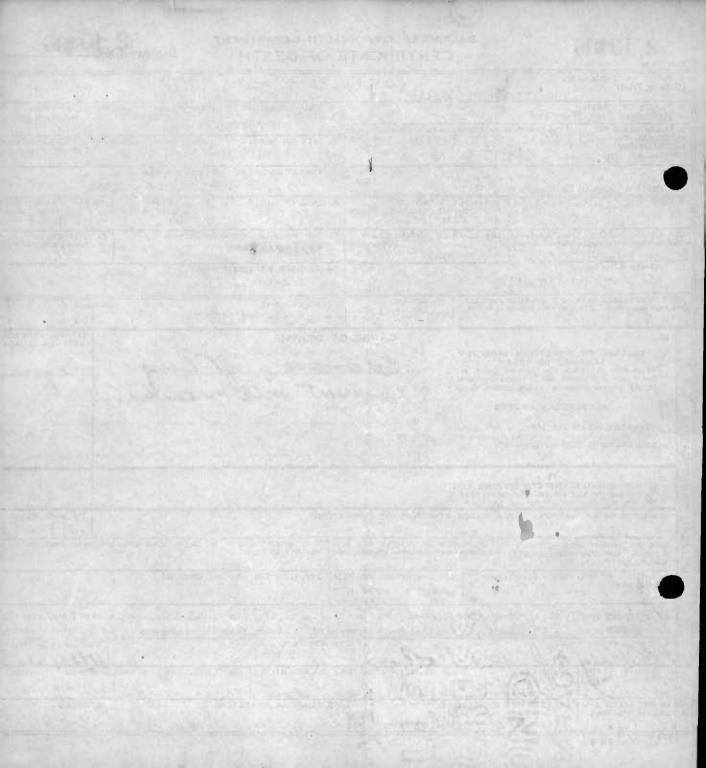
52	104	105	
BIRTH	N-	63	30

BIRTH NO.	30	ВА	CERTIFICAT			istered No	U405
1. NAME OF DI (Type or Print)	eceased JOI	IANNA T	. WARD		2. DATE OF DEATH	November	13, 1952
	City, Maryland			A. STATE	ENCE (Where deceases	d lived. If institution	on : residence pefore admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospit		tion, give street address or location) 'enue	Maryland c. CITY OR TOWN Baltimore	(If outside corpo	orate limits, write I	RURAL and give
c Length of st	tay in Baltimore		Yrs. Mos.	D. STREET ADDRE	rth Avenue	cation)	
5. SEX female	6.COLOR OR RACE white	WIDO	Days  E. MARRIED, WED, DIVORCED (Specify)  dowed	8. DATE OF BIRTH Jan. 24, 18	9. AGE (In last birt)	n years If Under I Yea hday) Months Da	if Under 24 Hours ys Hours Min.
loa. USUAL OCC ork doze during most of housewit	CUPATION (Give kind of [working life, even if retired) 110	own h	D OF BUSINESS OR INDUSTRY	Baltimore,	State or foreign country Maryland		IZEN OF
13. FATHER'S N	James Ryan			14. MOTHER'S MA Anna McKer			
15. WAS DECEASE Yes, no or uakaown)	D EVER IN U.S. ARMEI (If you, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Gladys Godw	vin, 2702 Nor	th Point F	load
(This does heart failur injury or	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	FANY, GIVI	g., (A) (E) (B)	ral Thron	rboris Texandro	nis 2	6 days
TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED 6/1/1/	leter Mell	litur	K	) gran
19A. DATE O	F OPERATION 0 1		R FINDINGS OF OPER			YE	
	ENT WAS UNDER- CONTRIBUTING DEATH	21B. PL about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE D	ID (If in Baltimo	ore City, give exac	et location)
D. TIME ()	Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?		
deceased al			and that death occur	red at 6:30 € m.	, to, from the causes a		stated above
23A. SIGNAT	4 Fullerma	n	м. р.		ead St.	11/1	DATE SIGNED
24A. BURIAL, C TION, REMOVAL (S) DURIAL	pecify) 248. DATE 11/17/5	2	New Cathedral		Baltimore		y) (State) yland
DATE RECEIVED	RAR WILLIAM		Iliama M.D	25. FUNERAL DIR		ADDRE	

contract I have been Thomsalled to tenzionera Saleta mellitar Softe Is a cold  15:13

52 10406	CERTIFICATI	FOF DEATH Register	ed No. 10406
BIRTH NO.	CERTIFICATI	- OF DEATH	
1. NAME OF DECEASED (Type or Print) Theodore	Hamilomatis (known a	as Terry Hamilt) 2. DATE OF DEATH	Nov. 12, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNT	ed. If institution: residence
B. FULL NAME OF US (If not in hospit HOSPITAL OR INSTITUTION US Public Hospital Public Hospita	SOLUEL	Mryland c. city or town (If outside corporate Baltimore	limits, write RURAL and give township)
Wyman Pk. Drive & 3]			07
Length of stay in Baltimore	? Yrs. Mos. Days	D. STREET ADDRESS (If rural, give focation 2205 E. Baltimore (	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9. AGE (In year last birthday 58	rs If Under 1 Year If Under 24 Hours ) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AB seaman	108. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country)  Greece	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Seararer	14. MOTHER'S MAIDEN NAME	USA
Steve Hamilomati	S	Anastasia ?	
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no or unknown) (If yes, give war or date	o Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT Records- US PHS Hospital	ADDRESS, Balto, Md.
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complication which complication which complication which complication with the complex of the comp	F ANY, GIVING STATING THE DUE TO ST. (C)	noma left lung nent with metasta	ees)
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION LA UNDER	F ANY, GIVING STATING THE DUE TO ST. (C)		
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION LA UNDER	F ANY, GIVING STATING THE DUE TO ST. (C)		20. AUTOPSY? YES NO
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION LA TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	F ANY, GIVING STATING THE DUE TO ST. (C)	ATION  or   21c. WHERE DID (If in Baltimore C	20. AUTOPSY?
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 11A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING LYING OR CONTRIBUTING	F ANY, GIVING STATING THE DUE TO ST. (C)  TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., ir about home, farm, factory, street, office bidg., e  (Hour) 21E. INJURY OCCURRE	ATION  a or 21c. WHERE DID (If in Baltimore C injury occur?)  ED 21f. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OPERATION 19A	F ANY, GIVING STATING THE DUE TO ST. (C)  TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., ir about home, farm, factory, street, office bidg., e  (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WHILE AT NOT WHILE AT WORK	ATION  a or 21c. WHERE DID (If in Baltimore C INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO ity, give exact location)
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 INJURY 1 INJU	F ANY, GIVING STATING THE DUE TO ST. (C)  TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., ir about bome, farm, factory, street, office bidg., e  (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WHILE AT NOT WHILE M. WHILE AT NOT WHILE M. WORK  ended the deceased from OC	ATION  a or 21c. WHERE DID (If in Baltimore Control INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  t. 8 , 19 52to Nov. 12 , 1	20. AUTOPSY? YES NO ity, give exact location)  19_5,2hat I last saw the
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 INJURY 1 INJU	F ANY, GIVING STATING THE DUE TO ST. (C)  TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., ir about home, farm, factory, street, office bidg., e  (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WHILE AT NOT WHILE AT WORK  ended the deceased from OC  219 52, and that death occur	ATION  a or 21c. WHERE DID (If in Baltimore C INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO ity, give exact location)  19_5,2hat I last saw the
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION CAUSE OF DEATH 10. TIME (Month) (Day) (Year) INJURY 22. I hereby certify that I att deceased alive on Nov. 1	FANY, GIVING STATING THE DUE TO ST. (C)  TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bidg., e  (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK  ended the deceased from Oc.  219 52 and that death occur  AR ARIANA. D.  UMARK M. D.	ATION  a or 21c. WHERE DID (If in Baltimore C INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  t. 8 , 19 52to Nov. 12 , 12 ared at 5:15Am., from the causes and c 38. ADDRESS	20. AUTOPSY? YES NO ity, give exact location)  19_5, 2hat I last saw the on the date stated above.  23c. DATE SIGNED
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE (Month) (Day) (Year) CAUSE OF DEATH  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) INJURY  22. I hereby certify that I att deceased alive on NOV. 1  24A. BURIAL CREMA 24B. DATE TIOM REMOVAL (Species)	F ANY, GIVING STATING THE DUE TO ST. (C)  TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., ir about home, farm, factory, street, office bidg., e  (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK  ended the deceased from OC  219 52, and that death occur  22C. NAME OF CEMETER  S SIGNATURE	ATION  a or 21c. WHERE DID (If in Baltimore Computer) (Injury occur?  ED 21f. HOW DID INJURY OCCUR?  t. 8 ,19 52 to Nov. 12 ,19 red at 5:15Am., from the causes and compute at 5:15Am.	20. AUTOPSY? YES NO ity, give exact location)  19_5, 2hat I last saw the on the date stated above.  23c. DATE SIGNED

673 55 10398

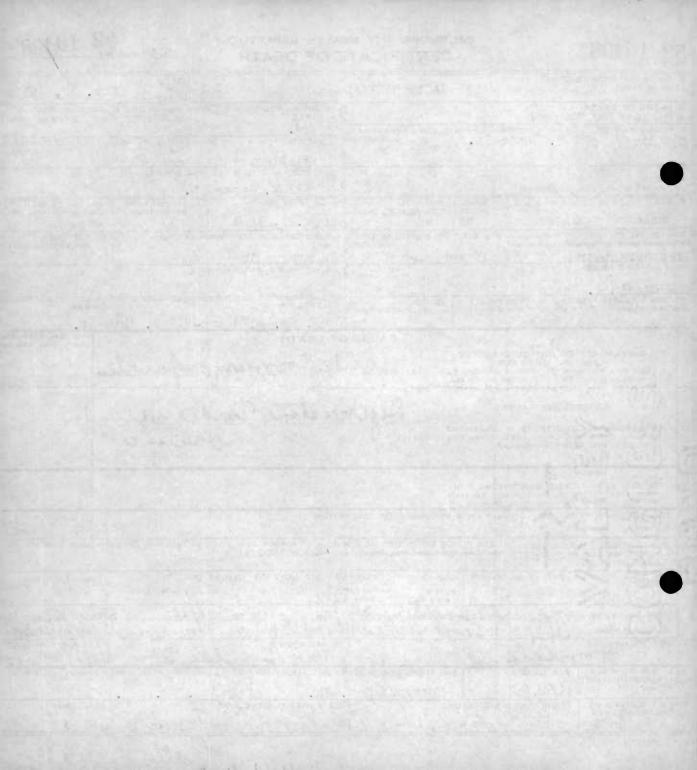


52	10407
BIRTH	NO.
1. NAM	E OF DECEASI

# BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICATI	E OF DEATH	Registere	ed No.	07
1. NAME OF D (Type or Print)	ECEASED	ELLA M	• SINCLAIR		2. DATE OF DEATH	Nov. 12,	1952
3. PLACE OF D A. Baltimore ( B. FULL NAME	City, Maryland	-1 ! !!	on, give street address or	4. USUAL RESIDENCE (W A. STATE Md.			residence ere admission)
HOSPITAL OR	2507 Ailsa	Avenue	on, give street address or location)		outside corporate l	imits, write RU	RAL and give township)
			Yrs.	D. STREET ADDRESS (If r	ural, give location	-00	
c. Length of s	tay in Baltimore		Mos. Days	2507 Ailsa Avenu			
5. SEX	6. COLOR OR RACE	WIDOWI	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	s It Under 1 Year Months Days	If Under 24 Hours Hours Min.
female 10A. USUAL OC	White CUPATION (Give kind of	Sin 108. KIND	OF BUSINESS OF	Feb. 22, 1886	reign country)	12. CITIZ	EN OF
Teacher	(rtd)	Public	School	Maryland			COUNTRY
13. FATHER'S				14. MOTHER'S MAIDEN NA			
Perry S				Martha A. E Dic	key		
Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Miss Mildred Sir	nclair-250	7 Ailsa A	lve.
(This does heart failu injury or DISEASES RISE TO T	EE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) /ING CONDITION LA	FH  of dying, e.g.  ns the disease, aused death.  SES  FANY. GIVING STATING THE	DUE TO	eyerlus Jue Mesi	ein.	. 9	
TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED					
19A. DATE C	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION		20. A	UTOPSY?
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in rm, factory, street, office bldg., e		in Baltimore Cit	ty, give exact l	ocation)
D. TIME (	(Month) (Day) (Year)	w	1E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?		
		ended the o	leceased from	red at 23 m., from th		\$ 2, that I lo	ast saw the
23A. SIGNA	Knst In	ulu	1. M.D. 2	3B. ADDRESS	2675-	23c. DA	TE SIGNED
24A. BURYAL, O	(pecify)		4C. NAME OF CEMETER		CATION (City, to	wn, or county)	(State)
Burial	11/15/5	2	Loudon Park	Cem. Balto	o., Md.		
DATE RECEIVE LOCAL REGIST NOV 1 410		s signatur	liaus M.P.	25. FUNERAL DIRECTOR	suer "	ADDRESS	
VS 150	we (	)	0 5 0,938	V 63 9	sacto	17, M	rd.

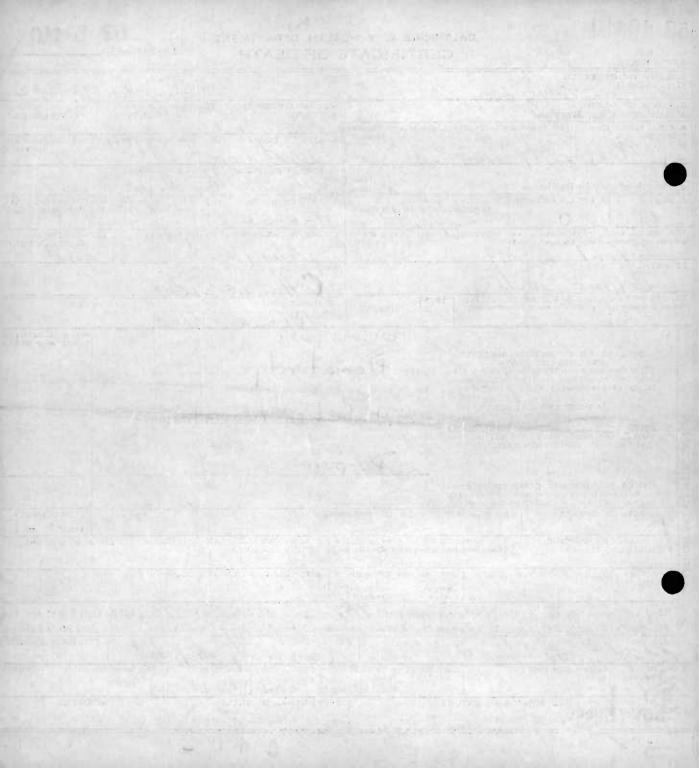
7 /	20						
5	2 1040 IRTH NO.	8	BAI	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered N	2 10408
1.	NAME OF DEC	CEASED	JAMES	JACKSON HEAPS		2. DATE OF DEATH NO	ov. 12, 1952
	PLACE OF DEA Baltimore Cit	ty, Maryland	Martin .		4. USUAL RESIDENCE (W		institution: residence before admission)
H	FULL NAME OF	F (If not in hospit 921 E. Chas	al or institut	ion, give street address or location)		outside cornorate limite	, write RURAL and give
IN	ISTITUTION	,			Baltimore	10-0	township)
				Yrs. Mos.	D. STREET ADDRESS (If		
		y in Baltimore	7. SINGLE	Days E. MARRIED.	921 E. Chase		Under 1 Year   If Under 24 Hours
	male	white	widow ma:	'ED DIVORCED (Specify)	Sept. 1, 1881		onths Days Hours Min.
work	A. USUAL OCCU k done during most of w	JPATION (Give kind of rorking life, even if retired)	1000	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	estaurante B. FATHER'S NA		Self er	nployed	Pennsylvania		
	Benjamin I					AME	
15	. WAS DECEASED	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	Mary Dill	AC	DRESS
	no	(		SECURITY NO.	Mr. Wm. A. Heap	s-711 W. 3/1th	Sta
RTIFICATION	(This does n heart failure, injury or co	OR CONDITION LEADING TO DEA' ot mean the mode of asthenia, etc. It mea omplication which of NTECEDENT CAUS DR CONDITIONS, II ABOVE CAUSE (A) NG CONDITION LA	FH dying, e. g ns the diseas aused death SES FANY. GIVIN STATING TH	DUE TO  (B)  OUE  OUE  OUE  OUE  OUE  OUE  OUE  OU	to Coronany veratine Can	Infarch dis vaca riemo	ماد
ш	TRIBUTING T	NIFICANT CONDI	NOT RELATE	D			
U		OPERATION   1		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	214 ACCIDEN	UT WAS INVEST	I 21s DI A	CE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, g	YES NO V
MEDI	LYING OR C	ONTRIBUTING	about home, f	arm, factory, street, office bldg., e	INJURY OCCUR?	in Baltimore City, gr	ve exact location)
	D. TIME (M. INJURY	onth) (Day) (Year)		TIE. INJURY OCCURRI		OCCUR?	REPORT OF THE REAL PROPERTY.
			m.	WORK AT WORK			-)
	deccased aliv	111.		dcceased from 4/	16 15 195 26 1	19 5	, that I last saw the e date stated above.
	33. SIGNATY		-, 10-5-		3B. ADDRESS	ce causes and on th	23c. DATE SIGNED
24	A. BURIAL, CRI	EMA- 24B. DATE	w	M. D.	BY OR CREMATORY LOAD LO	CATION (City, town,	or county) (State)
	N. REMOVAL (Spe Burial		10	Moreland Mem		to. Co., Md.	, country (source)
D/ LC	ATE RECEIVED DCAL REGISTRA VOV 1 4 10	BY REGISTRAR	SIGNATU		25 FUNERAL DIRECTOR	lanes 14	ADDRESS
-	VS 150	Altropo	a	THE STATE OF THE	Mill. F. Co.	0	0001
				5 2496	MI OV	( auto 17.	· IVId.



3	20	Lak Kadalin			
1	52 10409 BALTIMORE CITY HE	EALTH DEPARTMENT		52 10409	
B	51 5/5// CERTIFICATI		Registered		
1.	NAME OF DECEASED		2. DATE		
	ype or Print) Betty Louise Butts		OF DEATH	11-13-52	
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived.  B. COUNTY	If institution: residence before admission)	
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If			
	stitution where of MJ.	Baltimere	30 2	nits, write RURAL and give township)	
	12 days a bus 27 Yrs.		rural, give location)	10	
-	Length of stay in Baltimore Days	1907 Whistler	Ave		
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	It Under 1 Year H Under 24 Hours Months: Days Hours Min.	
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	10.31.52 11. BIRTHPLACE (State or fo	roign country)	0 12 9 37	
work	dooe during most of working life, even if retired)	Littleran Hasa	of hid	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	1	
1	Irthur Ulmont Butts	Nancy Find	K		
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or onkoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Mother	Su	ADDRESS	
	18. 754,4 . CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO				
_	ANTECEDENT CAUSES				
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING				
ZAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
Ĕ	_(C)				
R	OTHER SIGNIFICANT CONDITIONS CON-				
Ö	TO THE DISEASE OR CONDITION CAUSING IT.	aturity	);***;* <b>***</b> ****************************		
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION		YES NO	
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., ic about home, farm, factory, street, office bldg, e		f in Baltimore City	, give exact location)	
ME					
	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?		
	m.   WORK   AT WORK		1		
	22. I hereby certify that I attended the deceased from 10.31, 1957, to 11-13, 1957, that I last saw the deceased alive on 11-13, 1952, and that death occurred at 2 m., from the causes and on the date stated above				
	23A. SIGNATURE 2	3B. ADDRESS	le causes and on	23c. DATE SIGNED	
	Jang Wills Jr. M. D. X	atheran Hosp.	AMd.	11.13.52	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24d NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
	THE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR	Williams	ADDRESS	
	VS 150	4	V-		
1	1 4 5 2 6 2 0 2	0101			

1 End - La

af	00						
5	2 104	1.0	DAI	TIMODE CITY U	TALTU DEDARTMENT	52	10410
		-1 171	DAI	CERTIFICATI	EALTH DEPARTMENT	Registered N	
_	RTH NO. 5	2-210	00	CERTII ICATI	L OF BLATTI	8	
r)	NAME OF D 'ype or Print)	Daby &	Boy	Saul		OF DEATH NOV	10,195-2
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (NA. STATE	here deceased lived. If in	nstitution : residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	ollary land		
	STITUTION		11	location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
	1	1116/5/47	1-1054	Yrs.	D. STREET ADDRESS (If	rural, give location)	
	Length of s	tay in Baltimore		Mos.	1016 Brantle	61	
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) III	Inder 1 Year   If Under 24 Hours
	M	0	WIDOW	ED, DIVORCED (Specify)	11-6-52	last birthday) Mon	ths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
	Into	an F		INDUSTRY	Marylan	0	WHAT COUNTRY?
13	FATHER'S	NAME	1		14. MOTHER'S MAIDEN NA	AME	07
	Den	ME Vaul	5		Katherine &	Spain	
(Ye	. WAS DECEASE , no or nnknnwn)	D EVER IN U, S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	/ AD	DRESS
					Same as a	bove	
	18. 762	5		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
	(This does not mean the mode of dying, e.g., (A) The mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO						
	ANTECEDENT CAUSES						
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING						***************************************
ATI	RISE TO T	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
NI-	Discourse						
E	OTHER C	II	TIONIC	(C)	<u> </u>	***************************************	
CEF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO
EDICAL	218. ACCIDENT, SUICIDE, HOMICIDE (Specify)  218. PLACE OF INJURY (e.g., in or home, farm, factory, street, office bldg., etc.)  218. PLACE OF INJURY (e.g., in or home, farm, factory, street, office bldg., etc.)  218. PLACE OF INJURY (e.g., in or home, farm, factory, street, office bldg., etc.)  218. PLACE OF INJURY (e.g., in or home, farm, factory, street, office bldg., etc.)						ve exact location)
Σ		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
B	m. WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from Nov. 6, 1953, to Nov. 10, 1953, that I last saw th						
W	acceased alive on 700, 1935, and that death occurred at 320 pm., from the causes and on the date stated abo						date stated above.
	23A. SIGNAT	URE	1 1	2	3B. ADDRESS	/ 1/	23c. DATE SIGNED
24	A BURIAL C	CREMA- 24B. DATE	2 de	M. D.	PY OF CREMATORY SAD IN	GESTION (City town o	r county) (State)
TIC	24A. BURIAL, CREMA- 24B. DATE 110N, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
	DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR   ADDRESS						
	LOCALOFFIFTSAFORD IL A: + Will. I tuntington Williams. M.P.						
_	VS 150						
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H35						
52 10411 BALTIMORE CITY HEALTH DEPARTMENT 52 10414						
BALTIMORE CITY HEALTH DEPARTMENT  52 10411  BIRTH NO. 52-24267  CERTIFICATE OF DEATH  Registered No.						
1. NAME OF DECEASED,						
Debra Marie Plowden OF DEATH	11/1/52					
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. CO	ed lived. If institution: residence DUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or						
INSTITUTION C. CITY OR TOWN (If outside corp	orate limits, write RURAL and give					
Rouident Hospital Batto.  Yrs. D. STREET ADDRESS (If Avral, give lo	ocation)					
ength of stay in Baltimore 22 (Days) 544 71. Lakaye	tte Ave.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (II						
terrale 1/2/11/52	thday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Gwekind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	y) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	William Gooding I					
The state of the s						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT						
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS					
18. 7764 CAUSE OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e.g., (A)						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DENGELOW						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  (C)  OTHER SIGNIFICANT CONDITIONS CON-	lba)					
(c)						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
	YES NO X					
LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?	ore City, give exact location)					
CAUSE OF DEATH  LD. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
INJURY WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from 10/1/ 1952/to 11/2.	, 1952, that I last saw the					
deceased alive on "4, 1952, and that death occurred at 9,4 m., from the causes and on the date						
23A. SIGNATURE 23B. ADDRESS, // O	23C. DATE SIGNED					
24a. BURIAL. CREMA- 24b. DATE   24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (C	al "18/52					
24a. BURIAL. CREMA- TION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (COUNTY)	City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNEBAL DIRECTOR	ADDRESS					
NOV 15 1952 Huntington Williams, My						
VS 150						
r 2 6 1 0 4 0 3						

52 10412 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 52-26060 1. NAME OF DECEASED 2. DATE (Type or Print) ecil naptio DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Walbrook c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY alto mo. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. mother See NTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY atelectosis (Rt. Lung) LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY

21A. ACCIDENT, SUICIDE,

(Specify)

deceased alive on 10/31

ID. TIME (Month) (Day) (Year) (Hour)

WHILE AT WORK

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

24D. LOCATION (City, town, or county)

21E. INJURY OCCURRED NOT WHILE! 22. I hereby certify that I attended the deceased from.

, 1952, and that death occurred at 12 pm from

25. FUNERAL DIRECTOR

10 /31

, 1952, that I last saw the Q.m., from the causes and on the date stated above. 23c. DATE SIGNED

ADDRESS

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-

23A. SIGNATURE

HOMICIDE

NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE

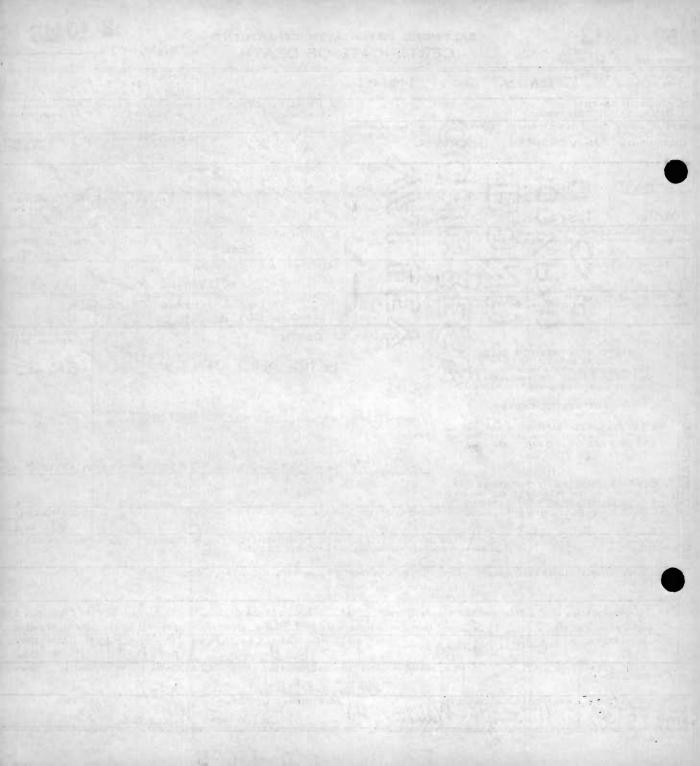
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1-1	52				
	CVA		EALTH DEPARTMENT		10443
В	RTH NO. 52-27006	CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF DECEASED BABY BO	Y HOLMES		2. DATE OF DEATH	52
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst	itution : residence before admission)
H	FULL NAME OF (If not in hospital or institution SPITAL OR UNIVERSITY HOSP	Iocation)		outside corporate limits, w	
3			Balty.	11-0	township)
	Length of stay in Baitimore	5 mins Mos. Days	9/STREET ADDRESS AT	rural, give location)	Lt.
	Mala Calau	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years little last birthday) Month	n 1 Year II Under 24 Hours Days Hours Min.
1C wor		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)   12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	U·S·A·
A	what de Montag	nae	Ro	SALIE GOL	mes
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	A N	mana Chappy	ESS
-	18. 762. 5	CAUSE	OF DEATH	spital, Balf	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		PREMATU	RITY	5 hours 5m
	ANTECEDENT CAUSES				
O	DISEASES OR CONDITIONS, IF ANY, GIVING				
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.				
FIC		(c)	sphysca 1	Veonatoru	5 hr 5 m
ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED				
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
CAI	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give				YES NO
MEDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID INJURY OCCUR?  (If in Baltimore City, give exact location)				
	INJURY	TE. INJURY OCCURRE	2 1F. HOW DID INJURY	OCCUR?	
X	m.   1	WORK AT WORK L			
	22. I hereby certify that I attended the deceased from 11. 7, 1953 to 11. 7, 1952 that I last saw the deceased alive on 11. 7, 1952 and that death occurred at 9.30 km., from the causes and on the date stated above.				
	23A. SIGNATURE  23B. ADDRESS University Hospitas. Date Signed				
- 2		м. о.	Baltimore	M.D.	11 . 7 . 52
	24a. BURIAL CREMA- TION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county) (State)				
D	DATE RECEIVED BY REGISTRAR'S SIGNATURE ( ADDRESS ADDRESS ADDRESS				
N	OV 15 1952 Huntington	Volliacus, My	Huntington	- Williams, M	7.
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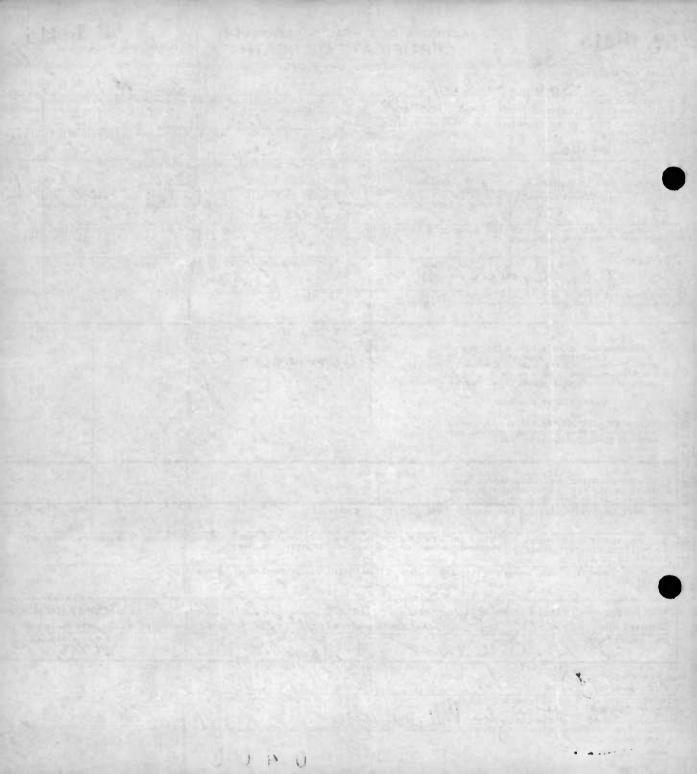
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52 10414 BALTIMOR	RE CITY HEALTH DEPARTM	52 S	10414	
	TIFICATE OF DEATH	Registered No.		
1. NAME OF DECEASED (Type or Print) Baby Box	Perdue	2. DATE OF DEATH NOY,	11,1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDEN	CE (Where deceased lived, If ins	titution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR	location	3ud		
Institution University Hospit		(If outside corporate limits, w	2 township)	
c. Length of stay in Baltimore	Yrs. Mos. Days 2738	PV 1.	ex	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARR WIDOWED DIVE			er 1 Year   II Under 24 Hours	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SINESS OR INDUSTRY	te or foreign country)   12	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAID	EN NAME	4.0	
Sam Perdue	Heurie	Ha Young		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SE	CURITY NO. 17. INFORMANT	ADD	RESS	
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  CAUSE OF DEATH  Peritonitis  (A) Peritonitis  (B) Intestinal obstruction of performance of the properties of the conditions contributing to the death, but not related to the disease or condition causing it.				
	rematurity			
19A. DATE OF OPERATION 3 19B. MAJOR FINDIN	MECTOSIS of ileum		20. AUTOPSY?	
U 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factors CAUSE OF DEATH	exact location)			
Σ	URY OCCURRED 21F. HOW DID IN	JURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Nov. 11, 1953, that I la deceased alive on Nov. 11, 1952, and that death occurred at 7:45 pm., from the causes and on the date sta				
23A. SIGNATURE & Stemelle	238. ADDRESS	Hospital 2	3c. DATE SIGNED	
24A. BURIAL, CREMA- 24B. DATE 24C. NAM	ME OF CEMETERY OR CREMATORY 2	4D. LOCATION (City, town, or	county) / (State)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE Willis	25. FUNERAL DIRECT	TOR Williams	DDRESS	
VS 150	te	A		
the state of the s				

nerv reply in Document file

Dr. Janet Hardy advised to code asis

12/8/52 ES

Lydicis 52 10415 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE, (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION S township) D. STREET ADDRESS (If rural, give location) Yrs. Mos ngth of stay in Baltimore Davs 9. AGE (in years | | Under | Year | | Under 24 Hours | last bir () day) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 11-12-52 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If you, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 16-12 19 17to 11. 12 , 19 That I last saw the and that death occurred and deceased alive on 11-12 m., from the causes and on the date stated above. 191 23c. DATE SIGNED 23A. SIGNATURE 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) CLAUSUS 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



1. NAME OF DECEASED

3. PLACE OF DEATH:

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10416 Registered No-

BIRTH NO

(Type or Print)

Charles Roberts 2. DATE

Nov. 12-1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY

A. Baltimore City, Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

(If outside corporate limits, write RURAL and give

4940 Eastern Ave.

work done during most of working life, even If retired)

HOSPITAL ORBALtimore City Hospitals

6. COLOR OR RACE

Yrs. Mos. Days

INDUSTRY

1414 Ward St. zone 30 8. DATE OF BIRTH 9. AGE (in years | H Under | Year last birthday) | Months: Days

c. Length of stay in Baltimore

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 10A. USUAL OCCUPATION (Give kind of)

B. FULL NAME OF (If not in hospital or institution, give street address or

IOB. KIND OF BUSINESS OR

Jan. 23-1921 11. BIRTHPLACE (State or foreign country)

Hours Min.

on

Charles Roberts

Maryland

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Martha Anderson

INTERVAL BETWEEN ONSET AND DEATH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

CAUSE OF DEATH

17. INFORMANT 4940 Eastern Aveadoress Records: Baltimore City Hospitals

18.

heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g.,

DUE TO H ydropyonephrosis

Terminal Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Obstruction By Renal Calculi

OTHER SIGNIFICANT CONDITIONS CON.

TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or

21c. WHERE DID INJURY OCCUR?

20. AUTOPSY YES X (If in Baltimore City, give exact location)

MEDICAL

CERTIFICATION

CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) INJURY

LYING OR CONTRIBUTING

22. I hereby certify that I attended the deceased from 11-8-

about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?

. 1952, that I last saw the

deceased alive on 23A. SIGNATURE

and that death occurred at\_

24c. NAME OF CEMETERY OR CREMATORY

19 52 to 11-12-4PM m., from the causes and on the date stated above.

4940 Eastern Ave., Baltimore, Md.

23c. DATE SIGNED 11.13.52 24D, LOCATION (City, town, or county)

24A. BURIAL, CREMA TION, REMOVAL (Specify

DATE RECEIVED BY | REGISTRAR'S

NOT A MEDICAL EXAMINER'S CASE

William (South M.D.

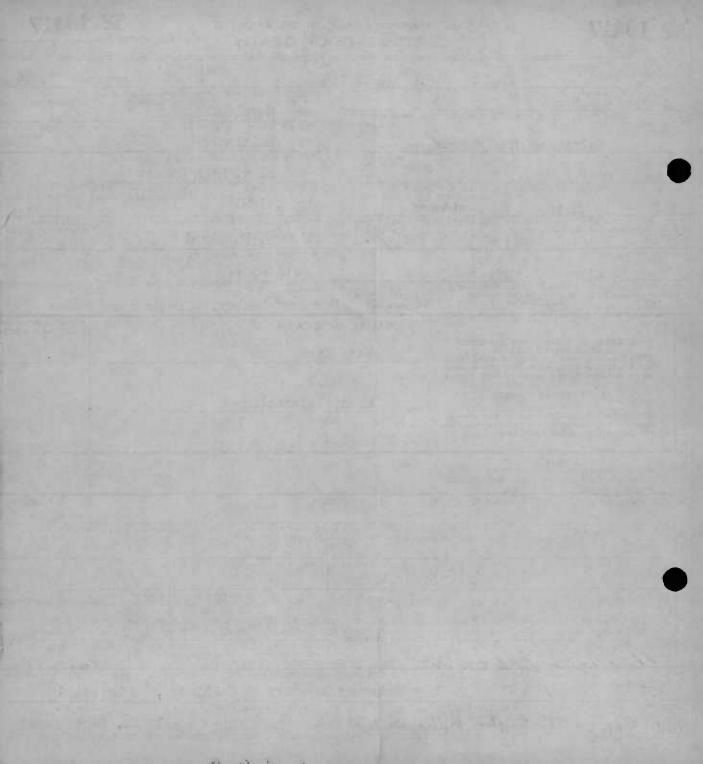
CHIEF OR ASS'T. MEDICAL EXAMINER

52 10417 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF November 13, 1952 WILLIAM HELFRICH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Baltimore City Morgue D. STREET ADDRESS (If rural, give location) Yrs. Mos. ll N. High Street ength of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) if Under 1 Year H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. July 5, 1891 Male White widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) Southern Fuel Co. WHAT COUNTRY Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FUEL OILS (W Isadore Helfrich Bertha Basil 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Margaret Lauber, 3019 Brendan Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Chronic alcoholism FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WORK AT WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR ... Nov. 24A. BURIAL CREMA-TION REMOVAL (Specify) DUPIAL 246 NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Holy Redeemer Cemetery Baltimore. Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul Street

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JE ROWNE	CERTIFICATI	E OF DEATH	Registered I	A TOGETO
BIRTH NO.	CERTIFICATI	E OF DEATH	registered i	10
1. NAME OF DECEASED (Type or Print) CHARLES E.	HARTMAN		2. DATE OF DEATH NOVE	mber 13, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	E (Where deceased lived, If	
B. FULL NAME OF (If not in hospital or institution 1313 Church Street	location)	Maryland c. CITY OR TOWN Baltimore	(If outside corporate limit	s, write RURAL and give
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS		
WIDO	E, MARRIED, WED, DIVORCED (Specify) VORCED	B. DATE OF BIRTH July 27, 1886		f Under 1 Year on this Days Hours Min.
10A. USUAL OCCUPATION (Givekind of North Adone during most of working life, even if retired) Ret. Furniture Finisher	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Baltimore, 1		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Hartman	(M)	Sarah K. Mac	· · · · · · · · · · · · · · · · · · ·	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  YES  W. W. I	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Margaret	Hill, 222 E. C	DDRESS ross Street
LEADING TO DEATH  (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATING TO THE DEATH TO THE DEAT	NG (B) MULLING (C)	excum effects of line	Burse Least	2 NUIS
19A. DATE OF OPERATION   19B MAJOR	R FINDINGS OF OPER	ATION REL	end	20. AUTOPSY?
	ACE OF INJURY (e.g., in, farm, factory, street, office bldg, of	te.) INJURY OCCUR?	(If in Baltimore City, 1	give exact location)
INJURY m.	WHILE AT NOT WHILE AT WORK	The new bib ins	TORY OCCUR!	
22. I hereby certify that I attended the deceased alive on 4/11/5,19 232. SIGNATURE	, and that death occur			that I last saw the he date stated above.
Z4A. BURIAL, CREMA- TION, REMOVAL (Specify) burial 11/17/52	Glen Haven C	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO	D. LOCATION (City, town, Anne Arundel Co	
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR		25. FUNERAL DIRECTO	OR )	ADDRESS Paul Street
Vs 150	670	330 41	0	

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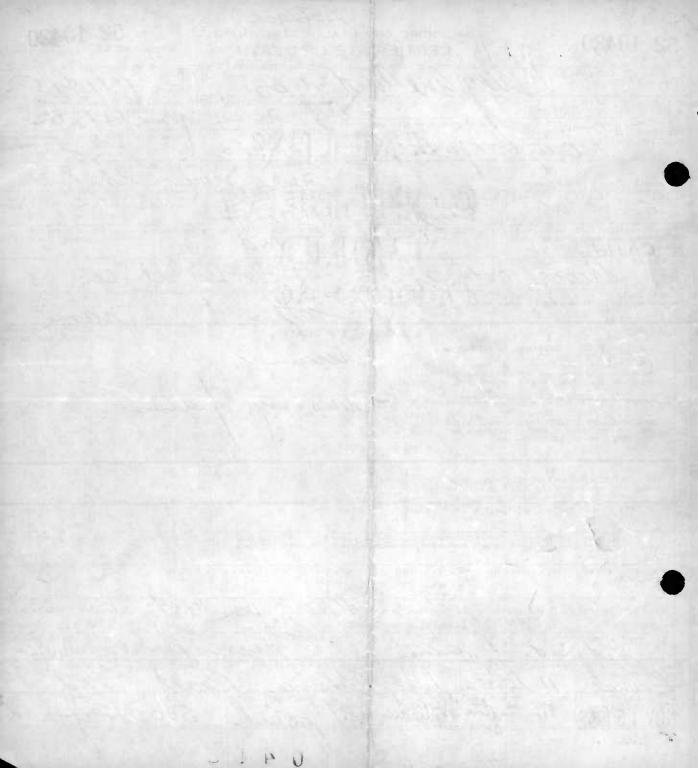
## BALTIMORE CITY HEALTH DEPARTMENT

52 10419

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Nov. 12, 1952 Frank Day DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimors City Hospital socation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 4940 Eastern Ave. B. C. Hosp. c. Length of stay in Baltimore Days 9. AGE (In years if Under 1 Year if Under 24 Hours ast hirthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Maln Negro Jan. 22, 1881 Wid. 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Day Eliza Turner 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** Hecords: (Yes, no or unknown) SECURITY NO. B. C. H. 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Myocardial Infarction 6Mos. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 11-2-52 EDICAL Gastric Carcinoma 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WORK AT WORK 4-30-40 , 19\_\_\_, to Nov. 12 . 19\_52 that I last saw the 22. I hereby certify that I attended the deceased from\_ . 19 52 and that death occurred at 6.45 am from the causes and on the date stated above. deceased alive on Nov. 12 23A. SIGNATURE 238 ADDRESS Lastern Ave. 24c. NAME OF CEMEATRY OF 24A. BURIAL, CREMA-TION REMOVAL (Specify) LOCAL REGISTRAR

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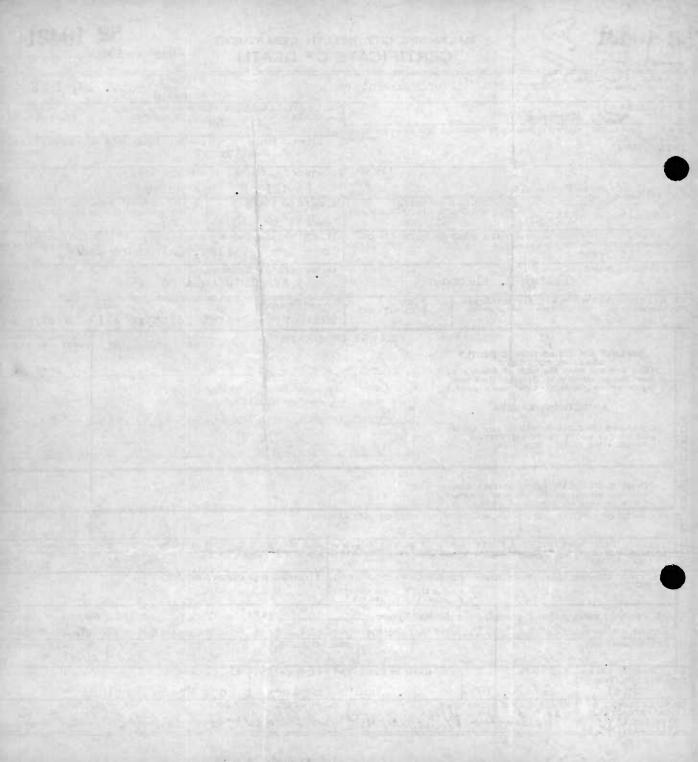
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	52 10420 2 2 7	BALTIMORE CITY HI	EALTH DEPARTMENT	52 Registered No.	10420
1	NAME OF DECEASED Type or Print)	aley and Mus	13015	2. DATE OF DEATH	1410
A.	. PLACE OF DEATH: Baltimore City, Maryland		4 US AL RESIDENCE (WI		( before admission)
H	FULL NAME OF (If not in hospit OSPITAL OR NSTITUTION MUCH A	tal f institution, give street address or location)		outside corporate limits, w	rite RURAL and give township)
	1	Yrs. Mos.	D. STREET ADDRESS (If r	- 1/1	10-11
5	Length of stay in Baltimore  SEX   6.COLOR OR RACE	Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH	ruce Ma.	Valto.
	F. W	WIDOWED, DIVORCED (Specify)	11/13/52	last birthday) Month	1
WOL	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)   12	CITIZEN OF WHAT COUNTRY?
	S. FATHER'S NAME	hetzals	14. MOTHER'S MAIDEN NA	y Ulrite	2
(Ye	5. WAS DECEASED EVER IN U.S. ARME 6, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode)	TH.	Muna	700	INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenia, etc. It mes injury or complication which	ans the disease.	/	/	
NO	ANTECEDENT CAUS  DISEASES OR CONDITIONS, I	(B)	the resp of	arline	
RTIFICATION	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	1/		
CERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
AL		198, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC/	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
Σ	FINJURY (Month) (Day) (Year)	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I att	tended the deceased from	1/13 , 190, to 1	11/14, 19 474	hat I last saw the
	deceased alive on 1230 AM	1. 19 and that death occur	red at 150 Am., from th	e causes and on the c	late stated above.
	23A. SIGNATURE / N. d.	I fan cur M.D.	3B. ADDRESS	1 Horysty 2	3C. DATE SIGNED
711	4A. BURIAL, CREVA- 24B. DATE	24C. NAME OF CEMETE	Ay OR CREMATORY 240. LO	CATION (Pity, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR		25 FUNERAL DIRECTOR	5305/fa	Lord PR
=	VS 150 drife		1 2 1 1 0		1
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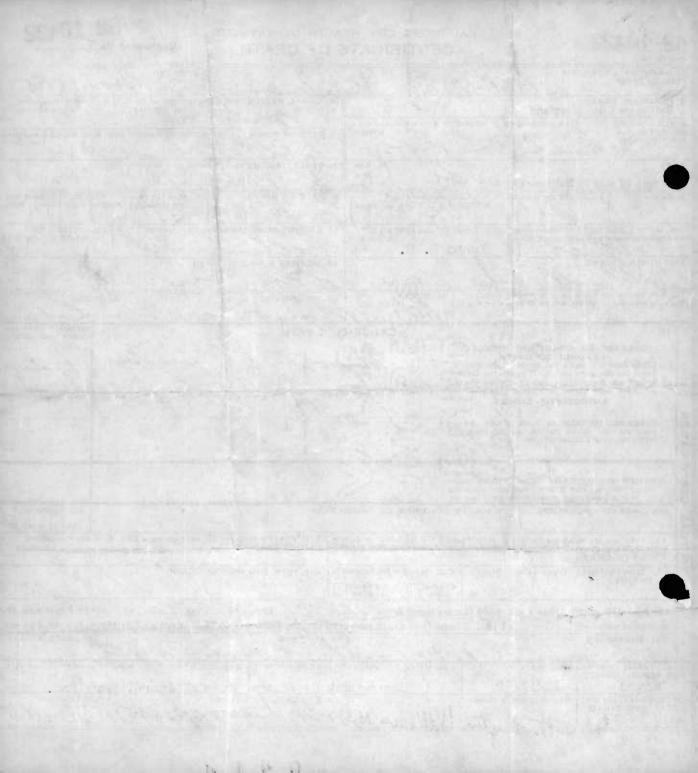
	HEALTH DEPARTMENT 52 10421 TE OF DEATH Registered No.
(Type or Print) Araminta Holland Mc Inty	re OF Nov. 13, 1952
B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address hospital or institution)  I location in the control of the contro	c. CITY OR TOWN (If outside corporate limits, write EURAL and give
c. Length of stay in Baltimore L40 Yrs.  Day:	D. STREET ADDRESS (If rural, give location)  1213 N. Luzerne Ave
Female   6.COLOR OR RACE   7. SINGLE, MARRIED.   WIDOWED, DIVORCED (Specific Widowed	(y) March 19, 1885 9. AGE (In years Il Under 1 Year light Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	11. BIRTHPLACE (State or foreign country) Long Green Valley, Baltimore County
13. FATHER'S NAME William P. Allender	14. MOTHER'S MAIDEN NAME Araminta Holland
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Mary Margaret McIntyre 1213 Luzerne Av
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	Sof DEATH  monary infarction  hypertrain. Cordine by per broky  entocarditis,  infector (september 27 3/2 before 27 3/2.

140	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  At Home  3. FATHER'S NAME  William P. Aller	INDUSTRY		2. CITIZEN OF COUNTRY
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		oress .3 Luzerne Av
ICATION	18. HHHX  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. a. beart failure, asthenia, etc. It means the disease injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	(B) Frant	or DEATH  whay infarction hypertinin. Cordiae my per maky entrearditio, infection (septemme 27 % byfor y to ag	INTERVAL BETWEEN ONSET AND DEATH 4 Lys
DICAL CERTIF	21a. ACCIDENT WAS UNDER. 21b. PL/LYING OR CONTRIBUTING about home,	FINDINGS OF OPER	RATION  in or   21c. WHERE DID (If in Baltimore City, givetc.)   INJURY OCCUR?	20. AUTOPSY? YES NO e exact location)
ME	F INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		

deceased alive on Nos 13, 1952, and that death occurred at 10 A m., from the causes and it. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 11/ 17, 1952 Burial St. John's Cemetery Long Green Maryland VS 150



1	325	WITT	KINGT	59	13400
5	2 10422	BALTIMORE CITY	HEALTH DEPARTMENT	Registered No	10422
BI	IRTH NO.	CERTIFIC	ATE OF DEATH	registered No.	
	NAME OF DECEASED type or Print)	EKINDT }	7. Khiliam.	2. DATE OF DEATH	.131852
	PLACE OF DEATH: Baltimore City, Maryland	0	4. USUAL RESIDENCE (V	Where deceased lived, If insti- B. COUNTY	tution: residence before admission)
	FULL NAME OF (If not in hosp	ital or institution, give street addr	4: \[		
	ISTITUTION	Home & Hory	c. CITY OR TOWN (If	outside corporate limits, wr	township)
				rural, give location)	
	ength of stay in Baltimore		Mos. Days 3 207 Mor	aver the	re.
5.	SEX 6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	Bpecify) 8. DATE OF BIRTH	9. AGE (In years li Under last birthday) Months	Vear H Under 24 Hours Days Hours Min.
10	A. USUAL OCCUPATION (Give kinds	of 108. KIND OF BUSINESS O	OR 11. BIRTHPLACE (State or fo	oreign country)   12	CITIZEN OF
	k done during most of working life, even if retired	d) INDU		211	WHAT COUNTRY?
13	B. FATHER'S NAME	Penna R. R.	14. MOZHER'S MAIDEN N	AME	
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15	S. WAS DECEASED EVER IN U. S. ABAN	ED FORCES?   16. SOCIAL	17. INFORMANT	chesterises	
(Ye	s, no or unknown) (If yes, give war of day	toe of service) SECURITY 17/7-07-76	NO. PA DO	ADDR	Co. 1 Ca
	18. 4201		JSE OF DEATH	E. 3411 COU	INTERVAL BETWEEN
	DISEASE OR CONDITION		SE OF DEATH		ONSET AND DEATH
	LEADING TO DEA (This does not mean the mode	ATH /	Insualial in	Sarchisin	1 1
	heart failure, asthenia, etc. It me injury or complication which	eans the disease,			010
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z	ANTECEDENT CAL				
2	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A				
A	UNDERLYING CONDITION L	(C)			***************************************
RTIFICATION					
RT	OTHER SIGNIFICANT CONE				
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION				
7	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
<b> </b>					
U		1 01- 01 155 05 11 11 154	/ :   210 WUEDE DID /	If in Politiman City mine	YES NO
<b>1EDICA</b>	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH			If in Baltimore City, give	YES NO
	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Yea	about home, farm, factory, street, offic	bildg.,etc.) INJURY OCCUR?		YES NO
III :	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, officer)  (Hour)   21E. INJURY OCCURRENT NOT NOT NOT NOT NOT NOT NOT NOT NOT N	bildg.,etc.) INJURY OCCUR?		YES NO
III :	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year	about home, farm, factory, street, officer)  r) (Hour)   21E. INJURY OCCUPANT   NOT WORK   NOT AT	CURRED 21F. HOW DID INJUR WHILE WORK	Y OCCUR?	YES NO Mexact location)
III :	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year INJURY)  22. I hereby certify that I are deceased alive on the contribution of	about home, farm, factory, street, officer)  (Hour)   21E. INJURY OCCUR  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	CURRED 21F. HOW DID INJUR WHILE WORK	Y OCCUR?  Like causes and on the d	exact location)  exact location)  at I last saw the late stated above.
III :	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year INJURY)  22. I hereby certify that I are	about home, farm, factory, street, officer)  (Hour)   21E. INJURY OCCUR  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	CURRED 21F. HOW DID INJUR WHILE WORK 1953, to	Y OCCUR?  Like causes and on the d	exact location)
ME	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year INJURY)  22. I hereby certify that I are deceased alive on 23A. SIGNATURE	about home, farm, factory, street, officer)  (Hour)  21E. INJURY OCC  WHILE AT NOT  WORK  AT  ttended the deceased from 19 and that death	CURRED 21F. HOW DID INJUR  WHILE WORK 1953, to 1  occurred at 7.05 Am., from to 1  23B. ADDRESS D. Cherch Home	Y OCCUR?  (by /3, 1952 the causes and on the d	exact location)  exact location)  at I last saw the ate stated above 3c. DATE SIGNED
₩ ₩	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year INJURY  22. I hereby certify that I ar deceased alive on 23A. SIGNATURE  4A. BURIAL, CREMA- ON, REMOVAL (Specify)	about bome, farm, factory, street, officer)  (Hour)  21E. INJURY OCC  while at North	CURRED 21F. HOW DID INJUR  WHILE WORK  195, to  occurred at 7.05 Am., from to  23B. ADDRESS  D. CHARLEMATORY 24D. L	the causes and on the d	exact location)  nat I last saw the late stated above.  OATE SIGNED (State)
₩ ¥	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year INJURY  22. I hereby certify that I and deceased alive on 23A. SIGNATORE  4A. BURIAL CREMA- ON, REMOVAL (Specify) Burial  11/17	about home, farm, factory, street, officer)  (Hour)  21E. INJURY OCCUMENT  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	CURRED 21F. HOW DID INJURY OCCUR?   the causes and on the d  COCATION (City, town, or c  Baltimore, Mar	exact location)  nat I last saw the late stated above.  OLIVER OF THE SIGNED OUNTY) (State)	
E P	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year INJURY  22. I hereby certify that I and deceased alive on 23A. SIGNATORE  4A. BURIAL CREMA- ON, REMOVAL (Specify) Burial  11/17	about bome, farm, factory, street, officer)  (Hour)  21E. INJURY OCC  while at North	CURRED 21F. HOW DID INJUR  WHILE WORK  195, to  occurred at 7.05 Am., from to  23B. ADDRESS  D. CHARLEMATORY 24D. L	the causes and on the d  COCATION (City, town, or c  Baltimore, Mar	exact location)  nat I last saw the late stated above.  OATE SIGNED (State)
E P	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year FINJURY  22. I hereby certify that I are deceased alive on 23A. SIGNATURE  4A. BURIAL. CPENA- ON, REMOVAL (Specify) BUTIAL ATE RECEIVED BY. REGISTRAN	about home, farm, factory, street, officer)  (Hour)  21E. INJURY OCCUMENT  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	CURRED 21F. HOW DID INJURY OCCUR?   the causes and on the d  COCATION (City, town, or c  Baltimore, Mar	exact location)  nat I last saw the late stated above.  OLIVER OF THE SIGNED OUNTY) (State)	
E P	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year 1NJURY  22. I hereby certify that I ar deceased alive on 23A. SIGNATORE  4A. BURIAL CREMA- 24B. DATE ON, REMOVAL (Specify) BURIAL ATE RECEIVED BY. OCAL REGISTRAR  OV 15 157	about home, farm, factory, street, officer)  (Hour)  21E. INJURY OCCUMENT  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	CURRED 21F. HOW DID INJURY OCCUR?   the causes and on the d  COCATION (City, town, or c  Baltimore, Mar	exact location)  nat I last saw the late stated above.  ODATE SIGNED (State)  Vland.	



DWELL 52 10423 BALTIMORE CITY HEALTH DEPARTMENT 52 10423 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Hamell (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. -10-70 widamed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY? Housewife artho llarolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (if yes, give way or dates of service) 16. SOCIAL TOHNS HOPKINS HOSPITAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ..... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES U EIN OMA 21B. PLACE OF INJURY (e. g., in or P1c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR (If in Baltimore City, give exact location) 2 A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

11-4 1952 to 11-13, 1957 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 11-13 23A, SIGNATURE 23c. DATE SIGNED 238 ADDRESSHOPKINS HOSPITAL Mugner 24A. BURIAL CREMA- 248. DATE TION BEMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

NOT WHILE

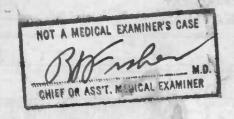
WHILE AT

und. durial 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Army & Chant

1 6	250.	
	52 10424  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No	10424
1	IRTH NO.	
(T	NAME OF DECEASED TOTAL PROPERTY OF DEATH //-/	0-5%
Α.	Baltimore City, Maryland Bullo. City.  4. USUAL RESIDENCE (Where deceased lived, If ins. STATE). COUNTY	stitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)  OSPITAL OR  OC. CITY OB TOWN (If this ide corporate limits, value)	
	1209 Wilmus Court Bellimore, 17	township)
	Length of stay in Baltimore 18 400.  Yrs. D. STREET ADDRESS of Jurial, give location in Mos. Days 1209 William Control of the Most Days 1209 Willi	ut
5.		der 1 Year II Under 24 Hours his Days Hours Min.
10 worl	OA. USUAL OCCUPATION (Givekind of kdene during most of working life even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State on foreign country)  12. December 11. Birthplace (State on foreign country)	WHAT CON ITRY
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	, , , , , ,
	Horace Jackson Pattsy Johnson	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.  16. SOCIAL  SECURITY NO.  17. SOCIAL  SECURITY NO.	less of
	18. 443X CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSE! AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	16
	ANTECEDENT CAUSES	
rion	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING	
TIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
CE.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON-	20. AUTOPSY?
CE.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION	YES NO
Ш	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	YES NO
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in or labout bome, farm, factory, street, office bidg., etc.)  1D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCUR?	YES NO
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  ID. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  NOT WHILE AT NOT WHILE AT WORK	YES NO
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  1D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED FINJURY  22. I hereby certify that I attended the deceased from 2-24, 1922to 1-10, 192, 202.	YES NO 2 exact location)  hat I last saw the
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Double home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING DATE ABOUT home, farm, factory, street, office bldg., etc.)  10. TIME (Month) (Day) (Year) (Hour) FINJURY  21E. INJURY OCCUR?  WHILE AT WORK DOT WHILE AT WORK  22. I hereby certify that I attended the deceased from A TWORK  23B. ADDRESS  23B. ADDRESS	YES NO 2 exact location)  hat I last saw the
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2	bemo	C. Erfan	r.	me		52	10425
5	2 1042	5			ALTH DEPARTMENT		
В	RTH NO. 5	2-1452	3	CERTIFICATI	OF DEATH	Registered No	
	NAME OF DEC	CEASED	inler	L Davis		OF DEATH OF.	13,1952
В.	FULL NAME OF	y, Maryland		on, give street address or	4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution : residence before admission)
	OSPITAL OR ISTITUTION	JOHNS HOP	KINS HO	SPITAL loadition)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
	langth of sta	n in Baltimana	11	Yrs. Mos.	10100	rural, give location)	+
		y in Baltimore		Days Days	8. DATE OF BIRTH	AGE (In years If U	der i Year   If Under 24 Hours
7	male (	colored	WDOW	ED, DIVORCED (Specify)		last birthday) Mont	hs Days Hours Min.
		JPATION (Give kind of orking life, oven if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NA	ME O	,		14. MOTHER'S MAIDEN N	AME	1-11
	Stand	old gre	arm	Sr.	many.	Felton	
	, no or unknown)	EVER U. S. ARMEI (If yos, givo war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANTINS HOP	KINS HOSPITAL	DRESS
	18. 4757	ζ ,	4.4	CAUSE	OF DEATH		INTERVAL BETWEEN
п		OR CONDITION		10	. + . ,	*	1. 14
Н	(This does n heart failure,	ot mean the mode of asthenia, etc. It mea	f dying, e. g ns the disease	e,	malory wife	usu	4334
r		omplication which o		DUE TO	dente affe	21	week
z	Af	NTECEDENT CAUS	SES	(B) UNACO	gammage		
5	RISE TO THE	OR CONDITIONS, I	STATING TH				
RTIFICATION	UNDERLYIN	NG CONDITION LA	ST.	(C)			
TIF		II					
111	TRIBUTING T	NIFICANT CONDI	NOT RELATE	D			
O.	19A. DATE OF	OPERATION   1		FINDINGS OF OPER	ATION		20. AUTOPSY?
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1EDICAL		NT WAS UNDER- CONTRIBUTING EATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., c		If in Baltimore City, giv	e exact location)
2	ID. TIME (M	onth) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WORK NOT WHILE		11 - 40	
		4 4 1 7 7		deceased from	1 3 ,1052 to	113, 1952,	that I last saw the
	deccased aliv		, 193 4,		red at 6.50 m., from t		23c. DATE SIGNED
	Ulu	ught.	UCHA	M. D.			11/13/52
TI.	4A. BURIAL, CR	4(96)	- 52	24c. NAME OF CEMETE	RY OR CREMATORY 24D	DCATION (City, town, or	county) (State)
LD	ATE RECEIVED OCAL REGISTRA	AR H	1 1	Pliana M.D	Elion DIRECTOR	Para lovo	Browly
=	VS 150	Ma . , amount	911	Comment to the state of the sta	0		or PH
			Ker	ease	10417		6



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BALTIMORE	CITI	III	DELVILLA
CERTI	FICA	TF OF	DEATH

ON SECTION	CERTIFICATE	E OF DEATH	Registered No.	
BIRTH NO.				
1. NAME OF DECEASED	11	1 1 00	2. DATE	
(Type or Print)	76	Mallings	OF MAI	2 10,00
	mumore	1. March of	DEATH WU.	5,1932
3. PLACE OF DEATH:	/	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution: residence
A. Baltimore City, Maryland	U	A. STATE	B. COUNTY	before admission
B. FULL NAME OF (If not in hospital or institu	tion, give street address or	marin	und	
HOSPITAL OR	location)	C. CITY OR TOWN /Lif ou	tside corporate limits, v	urita PIIDAI and aius
INSTITUTION LA	- /1 -	C. CITTON TOWN	tiside corporate inints, v	// wnship
14/1 munc	e une.	Dalles	ment 1	-/ 0 2
	Yrs.	D. STREET ADDRESS Hi ru	ral, give location)	
	Mos.	D. STREET ADDRESS TITE	rai, give location)	0.
Length of stay in Baltimore	7 yearsays	1417 MM	will	and.
		O DATE OF DIDTH	1	L-1 V 1 R H 1 A A B
WIDO	WED, DIVORCED (Specify)	8 DATE OF BIRTH	AGE (In years     Uni	er i Year   If Under 24 Hours is Days Hours Min.
Marke Culine V Ma	Merical	1. 1.20 1825	7 27	is Days Hours Mill.
man or work the	200-02-7	July 20, 10 /31		
OA USUAL OCCUPATION (Givekindof 10B. KIN	D OF BUSINESS OR	11. BIR HPLACE (State or fore	ign country)   12	. CITIZEN OF
ork done during most of working life, even if retired)	3 NOUSTRY	May 1-	0 7.8	WHAT COUNTRY
mulenger	Juni 9	1 Julianis	- Indi	u.s.u.
13. FATHER'S NAME	0 0	14. MOTHER'S MAIDEN NAM	1E	
11 h as 100 - hu	VI mal	1	12	0
marces Ina	Carol 1	Luces	· Nin	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	LIE SOCIAL	1 1	100	201
(If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	THINFORMANIANTHE	CO, C.ADA	Millery
	ozoomii no:	me man	+1. O.	, (1
		14/1/1000	uc us	-
18. 443X	CAUSE C	OF DEATH		INTERVAL BETWEEN
		0		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		/ 1 11 .1	1	
LEADING TO DEATH (This does not mean the mode of dying, e.	E. (A) Corol	ma Hemortha	M. (D. alet)	2.0110
heart failure, asthenia, etc. It means the disea	S., (A)			
injury or complication which caused deat	h.) DUE TO			
	,			
ANTECEDENT CAUSES				
	in House	ungul coordin V	acudar	I Lh.
DISEASES OR CONDITIONS, IF ANY, GIVE	NG (B) - 17-17-17-17-17-17-17-17-17-17-17-17-17-1	CALLER CONTRACTOR		
RISE TO THE ABOVE CAUSE (A) STATING T		N <sub>I</sub>	Peage	
UNDERLYING CONDITION LAST.		171	16790	
	(C)		••••••	****
OTHER SIGNIFICANT CONDITIONS CO	N -			
TRIBUTING TO THE DEATH, BUT NOT RELAT				
TO THE DISEASE OR CONDITION CAUSING		***************************************	***************************************	
19A. DATE OF OPERATION   19B. MAJOR	R FINDINGS OF OPERA	ATION		20. AUTOPSY?
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				YES NO
	ACE OF INJURY (e. s., in		in Baltimore City, give	e exact location)
	, farm, factory, street, office hidg., et			
CAUSE OF DEATH				
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
INJURY (Month) (Day) (Tear) (Hour)		E P. HOW DID INJURY	CCORT	
	WHILE AT NOT WHILE			
m.	WORK AT WORK			
22. I hereby certify that I attended the	desagged from 1 14-	20 1951, to 11	-12 1052	that I last saw th
		141000,00	, 130,	
deceased alive on 11- 13 1952	and that death occur	red at 6 - am., from the	causes and on the	date stated above
234 SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
Was a self soft			61	11/11/2
1 / Momount will		58 mc mes	m 4	11115/5
24A. BORIAL, CREMA- 27B. DATE	24C NAME OF CEMETER	RY OR CREMATORY   240. LOC	CATION (City, town, or	county) (State)
TON REMOVAL (Specify)	6.10	1 1 1	11.	20
Oursal 141/1/1952	Mr. Cu	www 100	Minune	, Ino.
DATE RECEIVED BY   REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	1	BREST INC
DATE RECEIVED DE L'REGISTRAR S'SIGNAL	MITE.	ED. I'MINCHALLADIA COLOR //	a man a call of the	AND THE PROPERTY AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PER

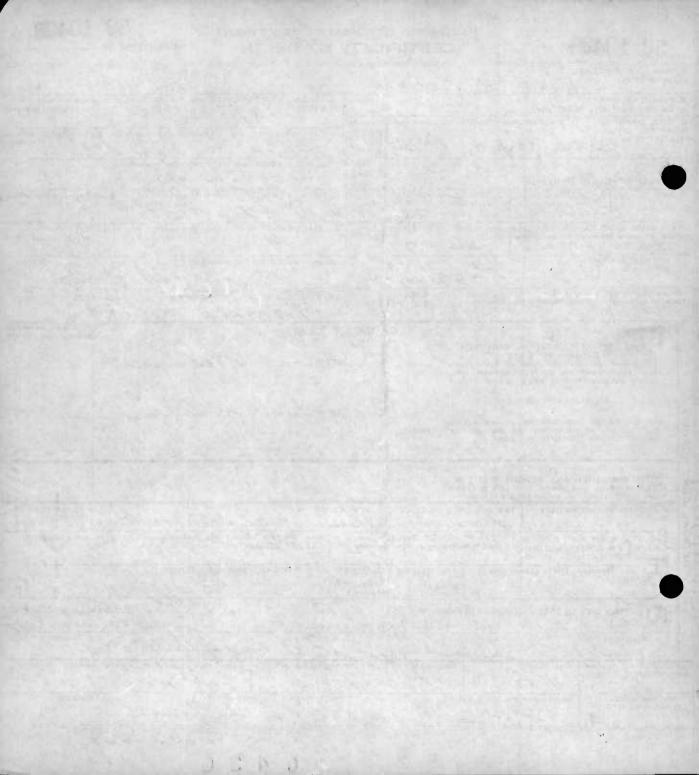
SERVICE CONTRACT

52 10427

OF TURGI	CATE OF DEATH Registered No.	
BIRTH NO.	CATE OF DEATH Registered No.	
1. NAME OF DECEASED DR MILMON, NO	MISO 2. DATE OF DEATH	152
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street addr	ress or cation) c. CITY OR TOWN (If outside corporate limits, w.	rite RURAL and give
WIND DISTON HOSPITCH	Yrs. D. STREET ADDRESS. (If roral, give location)	00
Langth of star in Politicana	Mos. Days 930 Ele Mal 08 121	ients
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S	Specify) 8. DATE OF BIRTH 9. AGE (In years of Under last birthday) Months	
OA. USUAL OCCUPATION (Givekind of Job. KIND OF BUSINESS Of Management of Working life oven if retired)		CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2.2.
George J. Laynor	marian Virginia Hel	linking
(es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY N	1901 . (1)	Ess/937 l
18. 420.1 and 260x CAU	JSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	mpo cardiae infaction	Ind
Injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	Perman antru disease	``
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)		
		***************************************
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	remia, diabetes	?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, atreet, office		exact location)
ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from_	19 3, to 13 , 19 3, th	nat I last saw the
deceased alive on 13, 19 35, and that death of 23A. SIGNATURE		ate stated above. 3c, DATE SIGNED

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			BA	LTIMORE CITY HE	ALTH DEPARTMENT	52	1.0428
В	1520.10	0428		CERTIFICATI		Registered No.	A 4 165
1.	NAME OF D	ECEASED	G.	COOPER		2. DATE OF DEATH /// 3/	152
	PLACE OF D	EATH:			4. USUAL RESIDENCE (W	here deceased lived. If ins	
_	FULL NAME	City, Maryland OF (If not in hospit	al or institut	ion, give street address or	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR			location)	C. CITY OR TOWN (If	outside corporate limits, v	write RURAL and give
		Sinai No	p 01	Balt Ine	130110	13-0	township)
	7		-	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
	ngth of s	tay in Baltimore		Mos. Days	GE. FOX	AUS.	
5.	SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH		der I Year   If Under 24 Hours
	1-	W	WIDOV	VED, DIVORCED (Specify)	1.19.97	last birthday) Month	hs Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12	2. CITIZEN OF
MOL		of working life, even if retired)	1	INDUSTRY	M		WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN NA	ME	
			NE	1dery	~7 2	11/4	
15	WAS DECEASE	ED EVER IN U. S. ARMEI	7 6	4702	- MAY	40//	DAN
(Ye	s, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	110.				TAMILY	O - UAM	
	18. 584	K.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		0			
	(This does	LEADING TO DEA	f dying, e.	8., (A) Ju	Emonary e	Lena 1	-000
	heart failu	re, asthenia, etc. It mea	ns the diseas	se,			***************************************
				II) DOE 10	1	The Party	
_		ANTECEDENT CAUS	SES	12-0	restine Sai	Perso	
NO O		S OR CONDITIONS, I		VG /	The state of the s	xuv.	***************************************
TIO		THE ABOVE CAUSE (A)		HE DUE TO			
CA				(C)	***************************************	***************************************	
RTIFIC		11					
RT		IGNIFICANT CONDI					
CE		TO THE DEATH, BUT					
				FINDINGS OF OPER			20. AUTOPSY?
CAL	11/	13/52	dron	ic obselection	ene folecipite	+ cholelitheans	YES NO
EDI		PENT WAS UNDER-		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		in Baltimore City, give	e exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY			WHILE AT   NOT WHILE			
		IIII TATE OF THE	m.	WORK AT WORK		1	
-	22. I hereb	y certify that I att	ended the	deceased from//	//3 ,1987 to	11/13,1952	that I last saw the
	deceased a		, 19_52.	and that death occur	red at 6 P.m., from th	e causes and on the	
1	23A. SIGNA	a com	0.0	2	3B. ADDRESS	1Balt	23C. DATE SIGNED
		eley III.	Lelo	ervery M.D.	dense trong of	read,	11/13/52
TIC	ON, REMOVAL	CREMA- 24B. DATE	(2	24c. NAME OF CEMETE	PN V.	CATION (City, town, or	county) (State)
-	ATE DECEN	D DY   DEGLETAR	. 0				DDDEEC
	ATE RECEIVE OCAL REGIST		SSIGNATU	INE MAIN	25. FUNERAL DIRECTOR	4	DDRESS
_	NOV 15	1950 +	trustor	- Williams, M	ash re	The state of the s	
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5	2 104	29				5	2 10429			
	The same of	AJH 1648	77		EALTH DEPARTMENT					
ВІ	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No			
1.	NAME OF D	ECEASED				2. DATE				
(Type or Print) John R. Kunz						OF	14.52			
	PLACE OF D				4. USUAL RESIDENCE	Where deccased lived. In	finstitution : residence			
		City, Maryland OF (If not in hospit	al or instituti	on, give street address or	A. STATE Maryland	B. COUNTY	bcfore admission)			
B. FULL NAME OF ALTIMOTE CITY HOSPITAL OR BALLIMOTE CITY HOSPITAL Discation location location location					c, CITY OR TOWN (	If outside corporate limi	ts, write RURAL and give			
		4940 Master	n Ave		Baltimore	23-	O / township)			
				Yrs.	D. STREET ADDRESS (If rural, give location)					
c.	Length of s	tay in Baltimore	د ما	fe Mos. Days	1322 S. Hanor	ver St				
5.	SEX	6. COLOR OR RACE		, MARRIED, ED_DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours   Minder 24 Hours   Minder 24 Hours   Minder 25 Hours   Minder 26 Hours   Minder 26 Hours   Minder 26 Hours   Minder 27 Hours   Minder 27 Hours   Minder 28 Hour					
	M	White	Sin	ngle	Dec.18.1861	last birthday) M	onthe Days Hours Min.			
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF			
	abinet 1		Golds	trum. Bros.	Maryland		WHAT COUNTRY?			
13	B. FATHER'S	AME			14. MOTHER'S MAIDEN	NAME				
		Kunz			Catherine	Benman				
15 (Yes	, was DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT	A	ADDRESS			
(	No	(4, 24, 8, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,		NO NO.	Miss Catherine Kunz. 1322 Hanover					
	18. 331	Χ .		CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY					ONSET AND DEATH				
	(This does	(This does not mean the mode of dying, e.g., (A) Cerebro Vascular Accident								
	heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO						***************************************			
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은	RISE TO T	OR CONDITIONS, I	STATING TH							
A	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
		ING CONDITION LA		(C)						
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SERTIFIC	OTHER S	II IGNIFICANT CONDITION LA	TIONS CON							
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	OTHER S TRIBUTING TO THE DI	II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TIONS CON NOT RELATED CAUSING IT		ATION		20. AUTOPSY?			
	OTHER S TRIBUTING TO THE DI 19A. DATE O	II IGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION TO PERATION TO PERATION TO PERATION TO PERATION TO PERATION TO PENT WAS UNDER-	TIONS CON NOT RELATED CAUSING IT 9B, MAJOR	FINDINGS OF OPER	n or 21c. WHERE DID	(If in Baltimore City,	YES NO K			
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	OTHER S TRIBUTING TO THE DI 19A. DATE O  21A. ACCID LYING OF CAUSE OF	III IGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION O 1	TIONS CON NOT RELATED CAUSING IT 9B, MAJOR	FINDINGS OF OPER	n or 21c. WHERE DID INJURY OCCUR?		YES NO K			
EDICAL	OTHER S TRIBUTING TO THE DI 19A. DATE O  21A. ACCID LYING OF	III IGNIFICANT CONDITION TO THE DEATH, BUT ISSEASE OR CONDITION O 1 ENT WAS UNDER-R CONTRIBUTING DEATH	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR	FINDINGS OF OPER CE OF INJURY (e.g., ir	n or 21c. WHERE DID INJURY OCCUR?		YES NO K			
EDICAL	OTHER S TRIBUTING TO THE DI  19A. DATE O  21A. ACCID LYING OF CAUSE OF INJURY	II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLA about home, fa	FINDINGS OF OPER  CE OF INJURY (e. g., ir rm,factory,street,office bldg., c., if  1E. INJURY OCCURR.  HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	YES NO Sive exact location)			
EDICAL	OTHER S TRIBUTING TO THE DI  19A. DATE O  21A. ACCID LYING OF CAUSE OF INJURY	III IGNIFICANT CONDITION OF TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION O 1 ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLA about home, fee (Hour) 2 m. we conded the cond	FINDINGS OF OPER  CE OF INJURY (e.g., in rm, factory, atreet, office bldg., c., in the control of the control o	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJUR  12.52., 19., to	11.14. , 19.5	give exact location)  2, that I last saw the			
EDICAL	OTHER S TRIBUTING TO THE DI  19A. DATE O  21A. ACCID LYING OF CAUSE OF INJURY  22. I hereb	III IGNIFICANT CONDITION IS TO THE DEATH. BUT ISEASE OR CONDITION OF OPERATION O 1 ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  W certify that I attlive on 11.14	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLA about home, fee (Hour) 2 m. we conded the cond	FINDINGS OF OPER CE OF INJURY (a. g., ir rm, factory, street, office bldg.,  1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK  deceased from 11 and that death occur	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY  12.52., 19., to-red at 9.8. m., from 38. ADDRESS	11.14., 19.5 the causes and on t	give exact location)  2, that I last saw the he date stated above.			
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MEDICAL	OTHER S TRIBUTING TO THE DI  19A. DATE O  21A. ACCID LYING OF CAUSE OF INJURY  22. I hereby deccased all	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLA about home, fee 1 (Hour) 2 wm. we conduct the con	FINDINGS OF OPER CE OF INJURY (a. g., ir rm, factory, street, office bldg.,  1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK  deceased from 11 and that death occur	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY  12.52, 19, to med at 9.2 m., from 38. Address 4940 Eastern A	11.14., 19.5 the causes and on t	give exact location)  22 that I last saw the he date stated above.  23c. DATE SIGNED  11.14.52			
MEDICAL	OTHER S TRIBUTING TO THE DI  19A. DATE O  21A. ACCID LYING OF CAUSE OF INJURY  22. I hereby deccased al  23A. SIGNAT  4A. BURIAL, CON, REMOVAL (S) BURIAL	II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION F OPERATION  ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  W certify that I att Live on TURE 4. C. CREMA- Decify) NOV, 17,	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLA about home, fee (Hour) 2 m. Western control of the control	FINDINGS OF OPER CE OF INJURY (s. g., is rm, factory, street, office bidg., c.  1e. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK deceased from 11 and that death occur m. D.  4c. NAME OF CEMETE LOUGEN Park	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  24f. How DID INJURY OCCUR?	the causes and on to the course of the course of the course of the total of the timere,	pive exact location)  2, that I last saw the he date stated above.  23c. DATE SIGNED  11.14.52  11.05 (State)			
MEDICAL	OTHER S TRIBUTING TO THE DI  19A. DATE O  21A. ACCID LYING OF CAUSE OF INJURY  22. I hereb deccased al  23A. SIGNAT	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLA about home, fee (Hour) 2 m. Western control of the control	FINDINGS OF OPER CE OF INJURY (s. g., is rm, factory, street, office bidg., c.  1e. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK deceased from 11 and that death occur m. D.  4c. NAME OF CEMETE LOUGEN Park	21c. WHERE DID INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  24f. HOW DID INJURY OCCUR?  24f. HOW DID INJURY OCCUR?	the causes and on to the course of the course of the course of the total of the timere,	give exact location)  22, that I last saw the he date stated above.  23c. DATE SIGNED  11.14.52  , or county) (State)			
MEDICAL	OTHER S TRIBUTING TO THE DI  19A. DATE O  21A. ACCID LYING OF CAUSE OF INJURY  22. I hereby deceased all 23A. SIGNAT  4A. BURIAL, (S BURIAL, (S) BURIAL ATE RECEIVE	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLA about home, fee (Hour) 2 m. Western control of the control	FINDINGS OF OPER CE OF INJURY (s. g., is rm, factory, street, office bidg., c.  1e. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK deceased from 11 and that death occur m. D.  4c. NAME OF CEMETE LOUGEN Park	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  24f. How DID INJURY OCCUR?	the causes and on to the course of the course of the course of the total of the timere,	pive exact location)  2, that I last saw the he date stated above.  23c. DATE SIGNED  11.14.52  11.05 (State)			
MEDICAL	OTHER S TRIBUTING TO THE DI  19A. DATE O  21A. ACCID LYING OF CAUSE OF INJURY  22. I hereby deceased all 23A. SIGNAT  4A. BURIAL, (S BURIAL, (S) BURIAL ATE RECEIVE	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLA about home, fee (Hour) 2 m. Western control of the control	FINDINGS OF OPER CE OF INJURY (s. g., is rm, factory, street, office bidg., c.  1e. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK deceased from 11 and that death occur m. D.  4c. NAME OF CEMETE LOUGEN Park	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  24f. How DID INJURY OCCUR?	the causes and on to the course of the course of the course of the total of the timere,	give exact location)  22, that I last saw the he date stated above.  23c. DATE SIGNED  11.14.52  , or county) (State)			

ALCO NUE

60	52		CER	TIFICATE CORR	ECTED 2/25	/53 ES				
,	52 104 IRTH NO.	\$30	BAI		TE OF DEATH  Registered No. 10430					
(7	NAME OF Dippe or Print)	GEORG	ES.	HARMISO	N 2. DATE OF DEATH 4-1Y-52					
A		City, Maryland	, , , , , , , , , , , , , , , , , , ,		4. USUAL RESIDE	ENCE (Where de	eceased lived. If inst B. COUNTY	itution ; residence before admission)		
H	FULL NAME OSPITAL OR ISTITUTION	0		ion, give street address or location)						
	ength of s	stay in Baltimore		Yrs. Mos. Days	O. STREET ADDRESS (If rural, give location)  OAKHURST PL. #16					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)					B. DATE OF BIRTH		GE (In years It Underst birthday) Month	r I Year H Under 24 Hours Days Hours Min.		
WOL	10A. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired)  10B. KIND OF RUGINESS OR WIND LESS, IS INDUSTRY  WIND LESS, IS INDUSTRY  Supply				11. BIRTHPLACE (S	State or foreign c	ountry) 12	CITIZEN OF WHAT COUNTRY?		
13	FATHER'S				14. MOTHER'S MA		45			
15	. WAS DECEAS	an S. Harmiso	FORCES?	16. SOCIAL	Martha Pri	udence Th		PESS		
(10	no	(If yes, give war or date	e of service)	SECURITY NO.	Mrs. Lillian S. Harmison-1218 Oakhurst Pl.					
	18. 199	.9	15	CAUSE	OF DEATH			INTERVAL BETWEEN		
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B) POSSIBLE Source peri-bronchial									
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  Lungs, brain, dura, bones (							tastatic,		
CERTIFI	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	liver,	regional ly		***********			
AL.				FINDINGS OF OPER	ATION			20. AUTOPSY?		
1EDIC.	21a. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							exact location)		
X	21b. TIME FINJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK  NOT WHILE WORK						
	22. I hereby certify that I attended the deceased from 10-27-52, 19, to 11-14-5219, that I last saw the deceased alive on 11-14-5219, and that death occurred at 750 m., from the causes and on the date stated above.									
	234 SIGNA		el.,		3B. ADRESS	an Hor		3c. DATE SIGNED		
24 TIC	A. BURÍAL.	CREMA- 24B. DATE	2	NAME OF CEMETE	RYCR CREMATORY	24D. LOCATIO	N (City, town, or o	county) (State)		
D	Burial	11/17/5	SSIGNATU	Woodlawn Cer	25 FUNERAL DIRI	Woodlaw	m, Md.	DRÉSS		
	NOV 1 5	RAR	stor /	Vallaus M.	1/1-00	in J.V	clever 4	Sone		
	VS 150		0	20	064	(1/6)	100,171	md.		
			OF	0 39.	6720	000	11			

See query reply in document file

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EQ 40404 BALTIMORE CITY HE	EALTH DEPARTMENT 52 1	Û431					
CERTIFICATI		4CJ.L					
I. NAME OF DECEASED							
(Type or Print) HENRY FLORY DAVIS	2. DATE OF NOV. 14;	, 1952					
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institut	tion: residence before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or		berore admission)					
hospital or location) institution 3600 Forest Park Ave.	C. CITT OR TOWN (II dutside corporate limits, write LUKAL and give						
	Baltimore						
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	3600 Forest Park Ave.    8. DATE OF BIRTH   9. AGE (In years)     Under   Y	/ear   II Under 24 Hours					
male white WIDOWED, DIVORCED (Specify)	last hirthday)   Months: D						
Married  10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. C	ITIZEN OF					
ork done during most of working life, even if retired)	W	HAT COUNTRY?					
Supt. Gas Engineering G & E Co.	Maryland 14. MOTHER'S MAIDEN NAME						
Henry Allen Davis	Clair Flory						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 SOCIAL							
Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	Mrs. Mary B. Davis - 3600 Forest Pk Ave.						
		TERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY		SET AND DEATH					
(This does not mean the mode of dying, e.g.,	der Voseuler Deseau ?	2 year					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0114- 1011	l all					
ANTECEDENT CAUSES	to rary Thrembous 1	) classes -					
(B) (6.11/4)	us selerose	19					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST. (C)							
11							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		***************************************					
19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPER.	ATION 2	O. AUTOPSY?					
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in		ES NO					
LYING OR CONTRIBUTING   about home, farm, factory, street, ollice bidg., et	21c. WHERE DID (If in Baltimore City, give exected)	ict location)					
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?						
MHILE AT NOT WHILE							
	177 1071 June 114 105211	7.7					
22. I hereby certify that I attended the deceased from and 77, 1927, to Nov 14, 1922, that I last saw the deceased flive on 700// 1952, and that death occurred at 92 am., from the causes and on the date stated above.							
deceased flive on 100// 1952, and that death occurred at 92 am., from the causes and on the date stated above.  236. SIGNATURED / 236. DATE SIGNED							
M.D.	22 20 Barrier 18 W X6	N15/52					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER							
Burial   St. Thomas Cem. Garrison Forest, Md.							
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR.	ESS					
NUV 15 195% 1 Juntin ston Wallacus, M. P.	Vim. J. Villian V SM	~					
VS 150	Anoth 17	Ivad.					
1 9 5 2 8 2 9 6	1000 1/1						

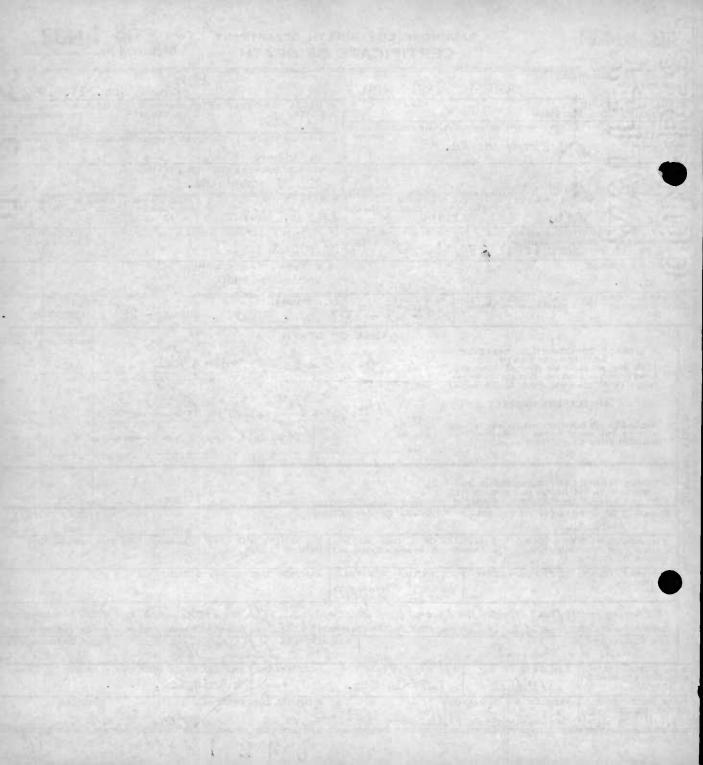
. The party married all ...

300
52 10432
BIRTH NO.
NAME OF DECEAS
B. PLACE OF DEATH:

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10432 Registered No.

(1	Type or Print)		2. DATE OF North 12 2000								
_	PLACE OF D		TEDEUTO	K IRVIN WHEAT	DEATH NOV. 13, 1952						
		City, Maryland	4. USUAL RESIDENCE (Where deccased lived, If institution: residence A. STATE B. COUNTY before admission								
В.	FULL NAME										
H	OSPITAL OR		C. CITY OR TOWN	(If outs	side corporate	e limits, w	rite RUR	AL and give			
1	U)	221 Ridge	township								
			Baltimore D. STREET ADDRESS (If rural, give location)								
Yrs. Mos.											
c. Length of stay in Baltimore Days					221 Ridgemede Rd.						
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIYORCED (Specify)	8. DATE OF BIRTH		last birthday	irs It Unde	r 1 Year	Il Under 24 Hours	
	male	white		rried	July 5, 188	7	65	/) INCORCIN	Days	Tours Min.	
10	A. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (	State or foreig	en country)	1 12	CITIZE	N OF	
wor.	a done during most c	Manager (rt		rtilizer	Maryland					COUNTRY	
	FATHER'S N		1 10.	1 0111261							
13				(M)	14. MOTHER'S MA		<u> </u>				
	Wm. R.	Wheat			Annie Gro	scup					
15	. WAS DECEASE	O EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT			ADDF	2500		
(Xe	e, no or unknown)	(11 yes, give war or date	s of service)	27 SECURITY NOTE	77 Mrs. Emi	TTE W	heat -	221 R	idgem	ede Rd.	
_				1217 - 07 - 77	11 LITO THEIR	-Ly 10 . W.	nea b	C C L 16.	ragonia	240 114	
	18.443	X i		CAUSE	OF DEATH					L BETWEEN	
	DISEASE OR CONDITION DIRECTLY							ONSE!	AND DEATH		
	(This does not mean the mode of dying, e.g., (A) berebral Hemonhage							_	2	who	
	heart failure, asthenia, etc. It means the disease,							101000000000000000000000000000000000000	M		
	injury or complication which caused death.) DUE TO										
	ANTECEDENT CAUSES										
Z	(B) Ph answer varder							5	m.		
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								***************************************		
AT	UNDERLYING CONDITION LAST.										
CERTIFICATION	H+ 1-97/4	(C)									
1	11										
2	OTHER S	IGNIFICANT CONDI	TIONS CON	٧٠ _							
当	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								1335		
			ATION				1 20 AI	JTOPSY?			
AL	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION								No [		
Ö	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give exact location										
MEDICAL	LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?								sacion)		
M											
4	D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY O	CCUR?				
	m. WHILE AT NOT WHILE AT WORK										
	22. I hereby certify that I attended the deceased from furt, 1941, to how. 13, 1954, that I last saw the										
	deceased alive on 13, 19 5. and that death occurred at 6.45 m., from the causes and on the date stated										
	23A. SIGNAT	YRE / A	/	_ 2	3B. ADDRESS	1 + 1	117	2	3c. DAT	E SIGNED	
	100	c d. vnus-	ver	M. D.	1108 Jul	enty /	PG. C.		11/1	4/5-	
24	AA. BURIAL, C	REMA 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	, ,	TION (City,		ounty)	(State)	
	Removal	11/15/9	2	Oakdale Cem.		Wilmin	gton, N	. C.			
D.	ATE RECEIVED	BY REGISTRAR	S SIGNATU	RE I	25 FUNERAL DIR	ECTOR		. Afi	DRESS		
L	CAL REGIST	RAR 1	1	1/11.	9/12	2/ 1	00 00 1	U.V	4		
	CIVUYI	193/ 1 mulu	ston b	Vollacus, Miss	VIM. Y.	une	ner	VX	MO		
	VS 150		0	200	110 /	0 1 6	2.11		2/1	nd	



K	3 - 2-5 TH NO.	30	0433	ВА	LTIMORE CITY HI			X 52 Registere	10433	
	IAME OF Doe or Print)	ECEASI	M.	Sel	Stoller	Best		2. DATE OF DEATH	w. 15.	429
A. B	LACE OF D Saltimore (	City, M	Iarylan If not in hospi	Sura L	tion, give street address or	4. USUAL RESID	C (W)	B. COUNTY		sidence admission)
HOS	PITAL OR	es	ns hopk	9	location)	c. CITY OR TOWN	O (If o	outside corporate li	mits, write RURA	L and give township)
C					Yrs. Mos.	D. STREET ADDR	ESS (If	ural give location	20	
5. S			Baltimore OR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTI	H	9. AGE (In years last birthday)	If Under 1 Year If Months: Days He	Under 24 Hours
10A.	USUAL OC	CUPAT	ION (Give kind o	of 10B. KINI	D OF BUSINESS OR	11. BIRTHPLACE (	State or for	51	12. CITIZEN	
			life, even if retired	0	INDUSTRY	Nin	2			OUNTRY
13.1	FATHER'S N	<b>LAS</b>	رو د	boo	ine	14. MOTHER'S MA	AIDEN NA	Pashl	eu)	
15. Yes, 1	WAS DECEASE no or unknown)	ED EV R	N U. S. ARME give war or dat	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKIN	NS HOSPITAL	ADDRESS	
1	8. 199.		1			OF DEATH	HOTKI	13 1100,117.	INTERVAL	BETWEEN
	(This does	not me	CONDITION NG TO DEA an the mode	of dying, e.	s. wmel	nstata	tur		5 m	oneth
	heart failu injury or	re, asthe complic	nia, etc. It me ation which	ans the discar caused death	se, h.) DUE TO	hain				
z			EDENT CAU		(B) hu	ing und	eta	murid		*************
ATIC	RISE TO T	HE ABO	VE CAUSE (A)	STATING T						
			11		(0)					
CER.	TRIBUTING	TO THE	CANT COND E DEATH, BUT OR CONDITIO	NOT RELAT	ED		•••••			
AL.	19A. DATE O	F OPER		19B. MAJOR	tive hugho	1	mut	thing.	YES U	TOPSY?
		R CONT	AS UNDER-		ACE OF INJURY (e. g., i farm, factory, etreet, office bldg.,			in Baltimore Cit	y, give exact loca	ition)
Σ	CAUSE OF		(Day) (Year	r) (Hour)	21E. INJURY OCCURR		INJURY	OCCUR?		V-III)
	22 I bouch		f., 47, 17, 1	m.	WHILE AT NOT WHILE AT WORK	18 195	2 1	1115 19	22 42 - 4 7 7	4 47
-	deceased al	live on_	11 15		and that death occur	rred at 11.55 m.	,	e causes and or		ed above
	23A. SIGNAT	000	mil	Dues	M. D.	JOHNS HO			23c. DATE	-52
24A TION	. BURIAL, C. REMOVAL (S	REMA- pecify)	24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	WA	SAING	ton)	(State)
	E RECEIVE		REGISTRAF	e's SIGNATI	Villiama ND	25. FUNERAL DIF	RECTOR	-6	ADDRESS	
	VS 150	JE		3	maun, my	millian	1 /4	Roman	are	
				1	9 5 2 0	Joan	Y	STORES		

GENT OF WITH went out spreadly

BIRTH NO.	) A 200 NO -	CERT	IFICATE	OF DEATH	Registered	No. 11/434
1. NAME OF	DECEASED				2. DATE	
(Type or Print)	William Con	alle			OF DEATH	
	City, Maryland	Baltimore.	id.	4. USUAL RESIDENCE A. STATE		Institution : ReDiemo before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institution, give str	eet address or	c. cilton lowd	If outside corporate lim	its, write RURAL and give
	Agnes Hospit	al		Baltimore	20	township)
			Mos.	D. STREET ADDRESS (	If rural, give location)	
5. SEX	stay in Baltimore	7. SINGLE, MARRIE	Days	1936 Hollins	St. AGE (In years)	If Under 1 Year   II Under 24 Hours
Male	White	WIDOWED, DIVOR		YAY 12, 1877.		ionths Days Hours Min.
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSI		1. BIRTAPLACE (State or	foreign country)	12. CITIZEN OF
_ Ret.i re	U .	GROCERIE	INDUSTRY			WHAT COUNTRY?
13. FATHER'S	NAME /			4. MOTHER'S MAIDEN	NAME	U.M.A.
Timot	hy Connelly			Caroline Kell	y	
Yes, no or unknown	ED EVER IN U.S. ARMED		JRJTY NO.	7. INFORMANT	, 1	ADDRESS
No	NONE	No	13	HNNA T. CONN	GLLV	
18. 42	211		CAUSE O	FDEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This doe	LEADING TO DEAT	H f dving e.g (A)	mitra	I Ensulleria	wil - 614	nestrial Lade
heart fail	ure, asthenia, etc. It mea	ns the disease,	Street	100 1	0 11	The state of the s
injury or	complication which c	aused death.) DUE	gertine	assectionic	C. V. Kise	ace
	ANTECEDENT CAUS	ES				
Z DISEASE	S OR CONDITIONS, I	(8)	***************************************			***************************************
RISE TO	THE ABOVE CAUSE (A)	STATING THE DUE	ro			
UNDERL	YING CONDITION LA	\$Τ. (C)		***************************************		
L .			H14			
CTHER O	II SIGNIFICANT CONDI	TIONS CON-				
TRIBUTIN	G TO THE DEATH, BUT	NOT RELATED				
	OF OPERATION 1	98. MAJOR FINDING	S OF OPERA	FION		20. AUTOPSY?
	OF OPERATION O	SE. MAJOR PINDING	3 OF OFERA	TON		YES NO X
ZIA ACCU	DENT WAS UNDER-	218. PLACE OF IN	JURY (e.g., In o	21c. WHERE DID	(If in Baltimore City,	
	R CONTRIBUTING	about home, farm, factory, s				
ID. TIME	(Month) (Day) (Year)	(Hour) 21E. INJUI	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
INSURT		m. WHILE AT WORK	NOT WHILE			
22. I herel	by certify that I att	ended the deceased	from 11 -	-14 1952 to	11-15 195	2,7that I last saw the
						the date stated above.
	TURE On	, 1011, 0100		B. ADDRESS		23C. DATE SIGNED
	George	e elten	M. D.	It. agnes.	Hospital	11-15-32
24A. BURIAL.		24c. NAME		OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
TION REMOVAL	. / /// 1 /	8,1957 400	1 don	TARK T	301tones	Md.
DATE RECEIVE	D BY   REGISTRAR	SIGNATURE		5. FUNERAL DIRECTOR	2	ADDRESS
NOV 1	952	- 11/21.		BEO L. Schw		es de Rick
Ve 150	Jank	William William	was My	20.2.00	6	AVE.
VS 150		0	200	104 -	0	
	The second secon	1 18 2	5-A 45	41 44		

52 10435 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE ALFRED LUCAS Nov 13, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) Maryland or not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital Lansdowne D. STREET ADDRESS (If rural, give location) Yrs. Mos. 121 Third Avenue length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. male white 12-30-34 DINGLE 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR WHAT COUNTRY work done during most of working life, even if retired) INQUSTRY LABORER COSMETICS & DEOLORAUTS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OWEV 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. ONE CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Asphyxiation.... heart failure, asthenia, etc. It means the disease, DUE TO Freon inhalation injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING Y OR CONTRIB-Stalfort Pressure-Pack Co. industrial Hammonds Ferry Road
21F. HOW DID INJURY OCCUR? Overcome when he 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED ov. 13, went into tank to clean it out 58 5/ 22. I certify that I took charge of the remains described above, held an \_ autopsy thereon and from

Autopsy, Inspection or Inquiry

and death in my opinion resulted from: natural causes  $\square$ , accident X, suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above.

24A. BURIAL. CREMA-TION, REMOVAL (Specify) DURIAL

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

M.D.

23B. CHIEF MEDICAL EXAMINER ..... X

ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county)

Schwa

Nov. 14, 1952

Called Mid Equin. On Facher.

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gres in group £894.

5-150			F0	49400
52 10436	BALTIMORE CITY HE	ALTH DEPARTMENT	52	10436
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	Vo
			2. DATE	
1. NAME OF DECEASED (Type or Print) HARLES ADAM	SPANN			13, 1952
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence before admission)
HOSPITAL OR	institution, give street address or location)			i Dibar
9 S. Linwood Av		Baltimor		s, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (lf r	ural, give location)	0 -
c. Length of stay in Baltimore	Life Mos. Days	9 S. Linwood		
M W		et. 28, 1891	9. AGE (In years Molast birthday) Mo	under 1 Year If Under 24 Hours nths Days Hours Min.
work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
Owner Re	staurant	Maryland		USA
John A. Spann		14. MOTHER'S MAIDEN NA Sophia Myers	ME	
15. WAS DECEASED EVER IN U.S. ARMED FOR	RCES?   16, SOCIAL		60f#4074 B	2-20
(Yes, no or nnknown) (If yes, give war or dates of se	SECURITY NO.	John C.E. Bere		ONBEST Q
DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of dy: heart failure, asthenia, etc. It means th	ECTLY	Myslandial of Astries alussis	Tatan Via	INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused	d death.) DUE TO			
ANTECEDENT CAUSES	Comer	ational is		
O DISEASES OR CONDITIONS, IF AN	Y, GIVING		***************************************	
RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.				
O <sub>IL</sub>	(C)	•••••••••••••••••••••••••••••••••••••••		
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED VILLIAM	any Emplysen	na	
19A. DATE OF OPERATION - 1 19B.	MAJOR FINDINGS OF OPER	ADION		20. AUTOPSY?
V State of the sta	1- 01 405 05 11111111111111111111111111111		The Date of the Control of the Contr	YES NO
21a. ACCIDENT WAS UNDER. 2 LYING OR CONTRIBUTING abo	1B. PLACE OF INJURY (e. g., ir out home, farm, factory, street, office bldg., e	21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, g	give exact location)
ID. TIME (Month) (Day) (Year) (Hot			OCCUR?	
	WHILE AT NOT WHILE			

1952 to Nov- 13 22. I hereby certify that I attended the deceased from \_, 1952, that I last saw the deceased alive on Nov 11, 19 52, and that death occurred at 10:01 m., from the causes and on the date stated above.

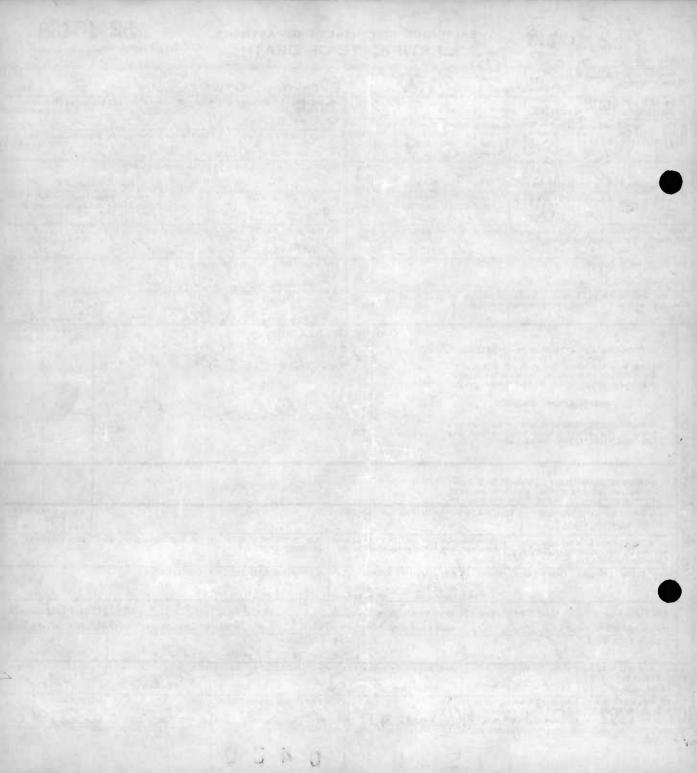
23B. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY

23A. SIGNATURE 23c. DATE SIGNED 24D. LOCATION (City, town, or county) Parkwood Cemetery metery Baltimore
25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS SANDER & SONS, INC.

24A. BURIAL, CREMA TION, REMOVAL (Specific

burial
DATE RECEIVED BY
LOCAL REGISTRAR

BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland  8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  1. STREET ADDRESS (If rural, give location)  3. The color of the col
I. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  Yrs.  Mos.  D. STREET ADDRESS (If rural, give location)  D. STREET ADDRESS (If rural, give location)  Mos.  D. STREET ADDRESS (If rural, give location)  Mos.  J. J
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF HOSPITAL OR INSTITUTION  INSTITUTION  Tyrs.  G. COLOR OR RACE  T. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  JOA. USUAL OCCUPATION (Give kind of work in glife, even if retired)  T. SINGLE, MARRIED, WIDOWSTRY  TO SUBSTRET ADDRESS (If rural, give location)  JOB. KIND OF BUSINESS OR INDUSTRY  TINDUSTRY  T. SINGLE, MARRIED, WIDOWSTRY  A. USUAL RESIDENCE (Where deceased lived. If institution: residence as COUNTY before admission before admission of the county of the
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION INSTI
B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR INSTITUTION  Tyrs.  Mos.  Days  Tyrs.  6. COLOR OR RACE  7. SINGLE. MARRIED.  WIDOWED, DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of working life, even if retired)
INSTITUTION  Tyrs.  Mos.  Days  Tyrs.  G. COLOR OR RACE  To SIDUSE. MARRIED.  WIDOWED. DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kind of work in govern in retired)  To STREET ADDRESS (If rural, give location)  S. SEX  G. COLOR OR RACE  To SIDUSE. MARRIED.  WIDOWED. DIVORCED (Specify)  To Siduse (
ongth of stay in Baltimore  Mos. Days  3705 Ceclerdale  Out  5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  3-14-38  10A. USUAL OCCUPATION (Givekind of work dome during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  WHAT COUNTRY
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 3-14-3 9. AGE (In years last birthday) Months: Days Hours Min 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
WIDOWED, DIVORCED (Specify)  3-14-38  last birthday) Months Days Hours Min  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  WHAT COUNTRY  WHAT COUNTRY
work done during most of working life, even if retired)  None Baltimare Ad WHAT COUNTRY
13. FATHER'S NAME
Harry Jesse Luger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, and waknowe) (Af yes, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  ADDRESS
18. 754,4 CAUSE OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
Z DISEASES OR CONDITIONS, IF ANY, GIVING
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-
OTHER SIGNIFICANT CONDITIONS CON-
TO THE DISEASE OR CONDITION CAUSING IT.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21b. PLACE OF INJURY (e. g., io or LYING) CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  10
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK
deceased alive on 1952 and that death occurred at 245 Pm., from the causes and on the date stated above 23A. SIGNATURE 23C. DATE SIGNATURE
deceased alive on 157 4, 1957; and that death occurred at 15 P m., from the causes and on the date stated abov
M.O. Sinde Hospital Nov14/5.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. (City, town, or county) (State
DATE RECEIVED BY REGISTRATURE DES FUNERAL DIRECTOR ADDRESS
10 1 6 100 Funtington Williams M. Feet Lewis On - 2100 Entan PL
VS 150



	13-6/5							59	10439
4	52 1043	9				ALTH DEPARTMENT	D		S.O.KO.D
ВІ	RTH NO.			CERTIFI	CATE	E OF DEATH	Registere	d No.—	
	NAME OF DECEASED ype or Print)	BABE	TIE	BR3	AV	MANN	2. DATE OF DEATH //	-14	-52
A.	PLACE OF DEATH: Baltimore City, Mary					4. USUAL RESIDENCE	Where deceased lived B. COUNTY	If institu	ution : residence before admission)
HC	SPITAL OR	ot in hospita	l or institution	on, give street a	ddress or location)	c. CIT OR TOWN (I	f outside corporate li	mits, writ	te RURAL and give
IN	STITUTION	1/20	osefu	eld a	oe	baltin	ore	13-	O 2 township)
	ngth of stay in Bal	timore		16	Yrs.	D. STREET ADDRESS (III	rural, give location)	d	ave
7	SEX 6. COLOR			, MARRIED, ED, DIVORCEI	T	8. DATE OF BIRTH	9. AGE (In years		Year   If Under 24 Hours Days   Hours   Min.
te	wale wh	te	ma	rue	2		177	Months	Days Hours In III.
	A. USUAL OCCUPATION done during most of working life, o		IOB. KIND	OF BUSINES	S OR DUSTRY	11. FIRTHPLACE (State or 1			VHAT COUNTRY?
13	FATHER'S NAME	1				14 MOTHER'S MAIDEN N	1	1	
1	VARROL					Dremby.	0,		
15	. WAS DECEASED EVER IN I	U, S. ARMED war or dates	FORCES?	16. SOCIAL		17. MFORMANT	d	ADDRE	ss /
(100	(11 yes, giv	• ****	Of service;	SECURIT	Y NO.	Chronam A	froms	un	- Hours
	18.422.1 an	d 261	X	C.	AUSE C	OF DEATH			NTERVAL BETWEEN
	DISEASE OR COL	TO DEAT			104	- 1 - 1 0 0 0 0	- 11 00	1	
	(This does not mean theart failure, asthenia,	the mode of	f dying, e.g.		ing	o ward dege	wayou		
	injury or complicatio	n which ca	aused ,death.	) DUE TO	7				
_	ANTECEDE	NT CAUS	ES		an	kis os secros	is		acour
စ်	DISEASES OR COND				•••••••	•••••••••••••••••••••••••••••••••••••••			
AT	UNDERLYING COND				********				•
FIC					-				
ERTI	OTHER SIGNIFICAN	EATH, BUT	NOT RELATE	10 x	alu	ty wellis	w		
U	19A. DATE OF OPERAT			FINDINGS C	F OPER	ATION			20. AUTOPSY?
¥					11.1-27				YES NO
EDICA	21A. ACCIDENT WAS LYING OR CONTRIB CAUSE OF DEATH			CE OF INJUR			(If in Baltimore Cit	y, give e	xact location)
Σ	21D. TIME (Month) (D	ay) (Year)	(Hour)	IE. INJURY	CCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	HE M	E-SALT E-
K	MOORT	31.77.25.C	m.	WORK	AT WORK				ELE ALE
	22. I hereby certify	that I att	ended the	deceased fro	m = 1/	23/2019 5260	11/14/,19	D, the	at I last saw the
	deceased alive on	11/14/	, 19 BL.	and that dea			the causes and or		
	23A. SIGNATURE	Mule	Juleur	que,	м. р.	3B. ADDRESS	els faue	23	C. DATE SIGNED
TIC	DIA BURIAL, CREMA- 24 DIA REMOVAL (Specify)	B. DATE	52	AC. NAME OF	CEMETE	dale 24d.	LOCATION (City, to	wn, or co	unty) (State)
	ATE RECEIVED BY REDCAL REGISTRAR	GISTRAR:	s signatu	ALLA M	A A	25. FUNERAL DIRECTOR	e 2100	6ei	tow PS
W	V vs 050002	0	7 12424		1				
1			2	a of	2 (	0 1 0 4	3		

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52 10440 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) ngth of stay in Baltimore Days 5 SEY 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country KIND OF BUSINESS OR INDUSTRY RICER Blby oreman

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | last birthday) | Months: Days | Hours: Min. 12, CITIZEN OF WHAT COUNTR 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 15-05-1512 DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Rheumatic Heart Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO DUE TO

injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

INJURY NOT WHILE

22. I hereby certify that I attended the deceased from Mar. 26, 1949 to Nov., 1952 that I last saw the deceased alive on Nov. 13, 19 52 and that death occurred at 6 : 00 Am, from the causes and on the date stated above.

23A, SIGNATURE 3023 Eastern Ave. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED 24D. LOCATION (City, town, or county)

20. AUTOPSY?

DATE RECEIVED BY LOCAL REGISTRAR

(Yes, no or unknown)

19A, DATE OF OPERATION

18.

ERTIFICATION

EDICAL

man on the second of the second

. OVA READING SX &

11/1.6/.28

52 10441 52 10441 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: resid A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In ye) Il Under 1 Year Months Days Hours Min. more 13-69. WIDOWFD 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? SEAMAN RETIRED GER MANY US.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

FISHER CARL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

YULLY ANA. 17. INFORMANT

ADDRESS

NONE. 18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY

JOHNS HOPKINS HOSPITAL

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

19A. DATE OF OPERATION

CAUSE OF DEATH

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

(Yes, no or nuknown)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Acute portures un pearlied 4 we
(B) Coronny active selvois?

(If in Baltimore City, give exact location)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, officerbidg., etc.)

21E. INJURY OCCURRED

INJURY WHILE AT

22. I hereby certify that I attended the deceased from 10-7, 1952, to 11-12, 1952, that I last saw the 11-12, 1952, and that death occurred at\_ deceased alive on\_\_\_\_ 23A. SIGNATURE

21F. HOW DID INJURY OCCUR?

\_m., from the causes and on the date stated above.

NORTH AUST GAL ST

1800 ELOY BARD ST

24A. BURIAL CREMA-TION, REMOVAL (Specify) BURILL

EDICA

D. TIME (Month) (Day) (Year) (Hour)

238. ADDRESS

TOHNS HOPKINS HOSPITAL 24c. NAME OF CEMETERY OR CREMATORY

21c. WHERE DID INJURY OCCUR?

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

20. AUTOPSY

INTERVAL BETWEEN

ONSET AND DEATH

DATE RECEIVED BY LOCAL REGISTRAR

BALTIMORE CEM. REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

52 10442 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED. (Type or Print) HUNT . DEATH

a. Baltimore	City, Maryland 2	21-5.	Broadu	YAU	A. STATE		B. COUN		ion : residence before admission)
B. FULL NAM HOSPITAL O INSTITUTION	R	al or institutio			c. CITY OR TO	NM (	If outside corporat	e limits, write	RURAL and give township)
c. ength of	f stay in Baltimore		13	Yrs. Mos.	D. STREET AD		lf rural, give locati 3 ROAD		ST.
5. SEX	6. COLOR OR RACE		MARRIED, D, DIVORCED	(Specify)	8. DATE OF BI	RTH	9. AGE (In ye last birthda		as   11 Under 24 Hears

SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

IOA. USUAL OCCUPATION (Givekindof) INDUSTRY

work done during most of working life, even if retired)

AIRDRESSER

13. FATHER'S NAME DUIS

4CCORMICK CO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL

(If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21A. ACCIDENT, SUICIDE, (Specify)

D. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from MAY deceased alive on\_

H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

(Yes, ne or unknown)

EDICA

HOMICIDE

23A. SIGNATURE

DUE TO

LOBAR PNEUMONIA

CARCINOMA

21c. WHERE DID

SISTER

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

11. BIRTHPLACE (State or foreign country

14. MOTHER'S MAIDEN NAME

CERVIX.

(If in Baltimore City, give exact location)

NOU 14, 195, that I last saw the

12. CITIZEN OF

ADDRESS

S. BROADWA

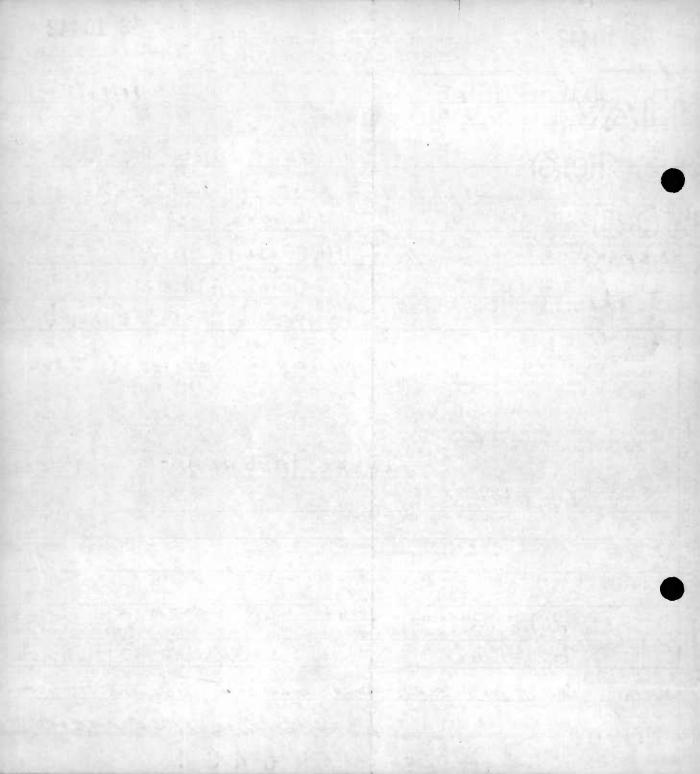
WHAT COUNTRY

WEEK

20. AUTOPSY

Nov. 6, 1952 and that death occurred at 2:30 P.m., from the causes and on the date stated above.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) MEMORIAL PARKEEM BURIAL DATE RECEIVED BY



152 10443 BALTIMORE CITY HEALTH DEPARTMENT 52 10443 Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Grimes, William DEATH NOV. 15, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Howard County, Glengle P.O. Vec. D. STREET ADDRESS (If rural, give location) Mes. ngth of stay in Baltimore Days 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 9. AGE (in years) last birthday) | Months: Days | Hours : Min. WIDOWED, DIVORCED (Specify) Male White Widower 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIFTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY Javorer Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. cone ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Terminal bronchopneumonia (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular disease OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Generalized arteriosclerosis TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL NO X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WORK , 1952, to Nov. 15, , 152, that I last saw the 22. I hereby certify that I attended the deceased from Nov. 8 deceased alive on Nov. 15, 19 52, and that death occurred at 10:55m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 1400 N. Caroline St

23a. SIGNATURE

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNE

23c. DATE SIGNE

23c. DATE SIGNE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State

TION, REMOVAL (Specify)

24d. LOCATION (City, town, or county)

(State

TOWN, REMOVAL (Specify)

25c. DATE SIGNE

24d. LOCATION (City, town, or county)

(State

TOWN, DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

ADDRESS

24d. LOCATION (City, town, or county)

25c. DATE SIGNE

24d. LOCATION (City, town, or county)

25c. DATE SIGNE

24d. LOCATION (City, town, or county)

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24d. LOCATION (City, town, or county)

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24d. LOCATION (City, town, or county)

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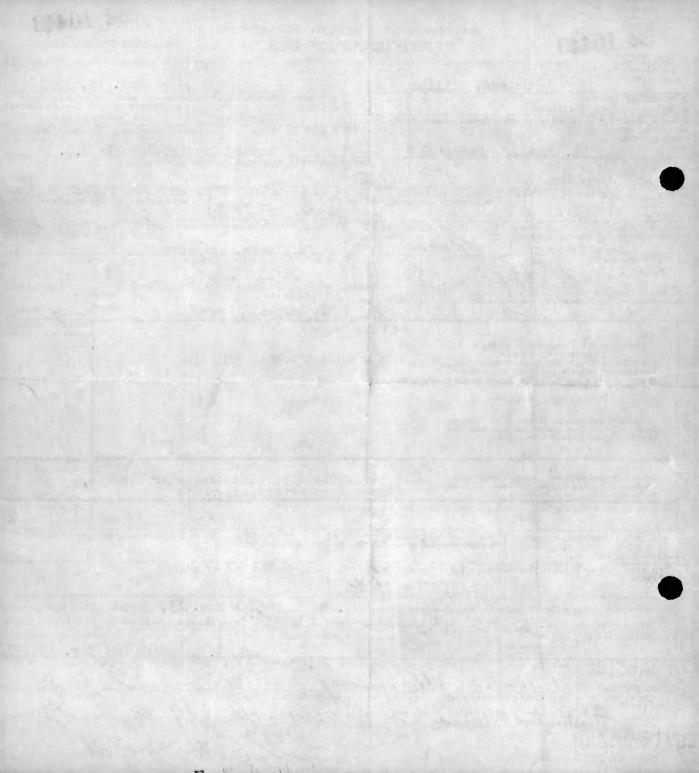
24d. LOCATION (City, town, or county)

26c. DATE SIGNE

24d. LOCATION (City, town, or county)

10V 16 1952

futter A. Haigh



52 10444 52 10444 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE Louis H. Comegys OF 11-14-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Balto A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore, Maryland, township) 529 N. Bouddin Street INSTITUTION p. STREET ADDRESS (If rural, give location) 529 N. Bouldin Street Yrs. Life Mos. igth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year In Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) 5-10-80

		1					
WOL	DA. USUAL OCCUPATION (Give kindo k done during most of working life, even if retired tationary Engineer	)	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY USA		
13	Cornelius	Comegys	Dept Stra	14. MOTHER'S MAIDEN NAME Rebecca ?			
15 (Ye	5. WAS DECEASED EVER IN U, S. ARME s, no or unknown) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Bertha Comegys	ADDRESS Same		
CATION	LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A)						
CERTIF	II OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELAT	ED Harry free	admitted to Union 8/8/52 to 8/13/52			
AL	19a. DATE OF OPERATION	ax/on	20. AUTOPSY?				
MEDIC	21A. ACCIDENT WAS UNDER- LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		e City, give exact location)		
-	2.1D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			

and that death occurred at 5:30 Am., from the causes and on the date stated above.

19\_

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 11-17-52 Baltimore Burial Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Lilly & Zeiler

WHILE AT WORK

22. I hereby certify that I attended the deceased from

19

NOT WHILE

AT WORK

INJURY

deceased alive on

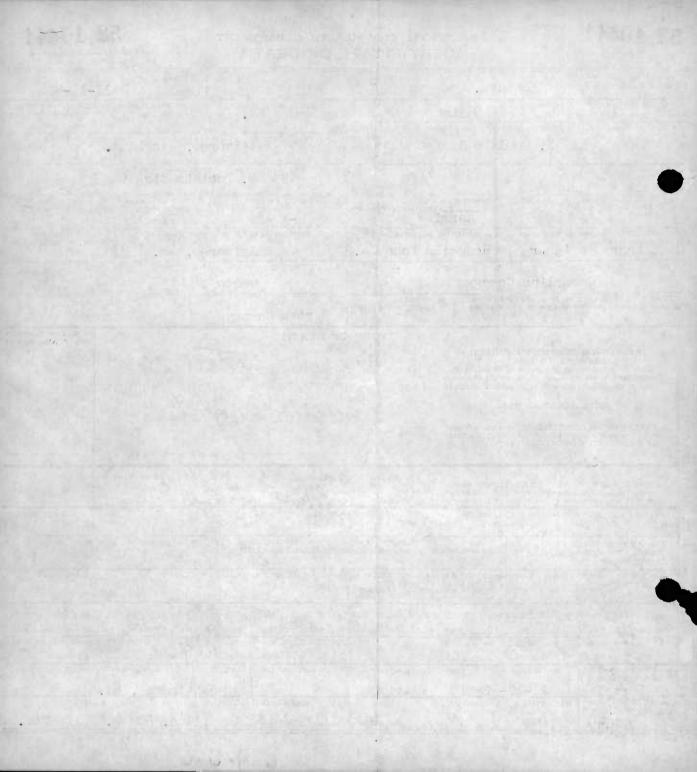
23A. SIGNATURE

24D. LOCATION (City, town, or county) ADDRESS Inc. 403 S. Wolfe Str.

2,19 that I last saw the

23c. DATE SIGNED

Dell'n.



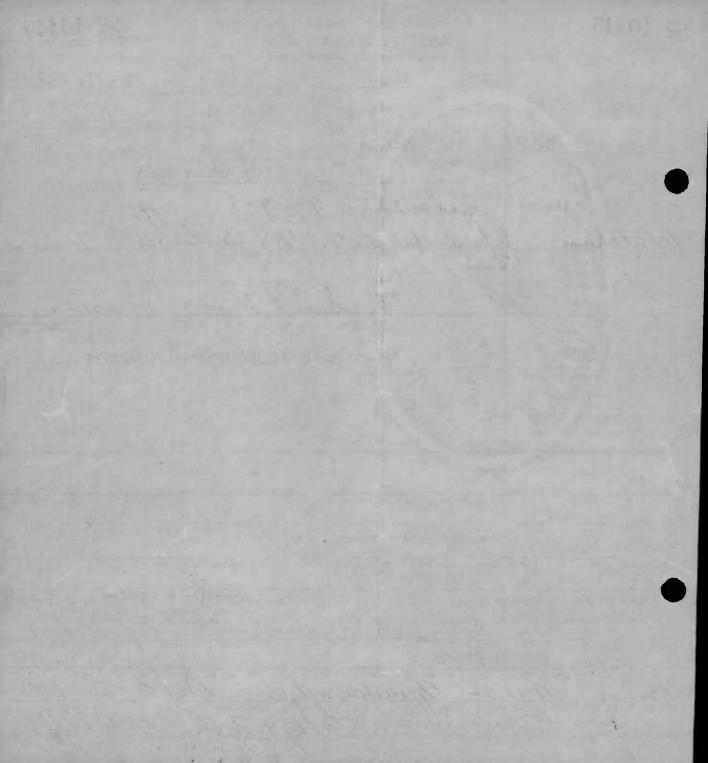
52 10445

## BALTIMORE CITY HEALTH DEPARTMENT

52 10445

Cres				FRIFICATI	E OF DEATH	Registered	d No.		
BIF	TH NO.		-		- OI DEXTIII				
	NAME OF D pe or Print)	ECEASED	CARL	DAVIS		2. DATE OF DEATH NOT	v. 13, 1952		
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE				
B. F	ULL NAME SPITAL OR		ital or institution.	give street address or location)	Marylar	nd B	mits, write RURAL and give		
114.2	THUTTON	Balti	more City	Hospitals	Baltimo	re D	unda Mownship		
			7)	Yrs. Mos.	D. STREET ADDRESS (				
	ength of s	tay in Baltimore	9	Days		bler Court	/		
ma	le	6. COLOR OR RACE	WIDOWED	DIVORCED (Specify)	7-29-88	9. AGE (In years last birthday)	Months Days If Under 24 Hours Min.		
work d		CUPATION (Give kind of working life, even if retired	I JOB. KIND OF	business or INDUSTRY	11. BIRTHPLACE (State or	solena	12. CITIZEN OF WHAT COUNTRY		
			? MOTO	nancks (m)	Z Z	NAME			
15. (Yes,	WAS DECEASE no or unknown)	D EVER IN U.S. ARM! (If yes, give war or dat		S. SOCIAL SECURITY NO.	Susie L. Terr	is - 10	ADDRESS		
ERTIFICATION	OTHER S TRIBUTING	sease							
		SEASE OR CONDITION		NDINGS OF OPER	ATION		20. AUTOPSY?		
ED	JNDERLYING C	IAL CAUSE WAS G OR CONTRIB AUSE OF DEATH	1.	to.) INJURY OCCUR?		7, give exact location)			
	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK								
-	12. I certify that I took charge of the remains described above, held an inspection & inquiry there have a the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased dicd on the day and death in my opinion resulted from: natural causes ▶, accident □, suicide □, homicide □, undeter 23A. SIGNATURE								
24A TION	BURIAL C	REMA: 248. DATE	7-57 240		ASSISTANT MEDICAL D. MEDICAL INVESTIGA RY OR CREMATORY 24D.	LOCATION (City, tow	Nov. 14, 1952 wn, or county) (State)		
	E RECEIVED	RAR	S SIGNATURE	Meccari	25. FUNERAL DIRECTOR	-A	ADDRESS 2 2 1 1 1		
VS	151	952 Thu	d'and	7/32	elly to	elu H	30, 109 01		

76335 1 6437



52 10946 BALTIMORE CITY HEALTH DEPARTMENT 52 10446 Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A STATE before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 14/11/12/11/11 :T/190116 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year 7. SINGLE, MARRIED last birthdoy) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war nr dates of service) (Yes, no or nnkonwn) SECURITY NO. INTERVAL BETWEEN CAUSE DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Pid. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 1940, to 154 6 1922 that I last saw the deceased alive on Nov. 15 , 1952, and that death occurred at 215P m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C/NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

PILSTON ST

Ho -0708 Tu 4200 Experience of the second of the second of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. munned 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT JOHNS HOPKINS HOSPITAL (If yes, give war or detes of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL 218. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE

1952 to\_ . 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 11-12, 1952, and that death occurred at 915 fm., from the causes and on the date stated above. 23C, DATE SIGNED JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c, NAME/OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

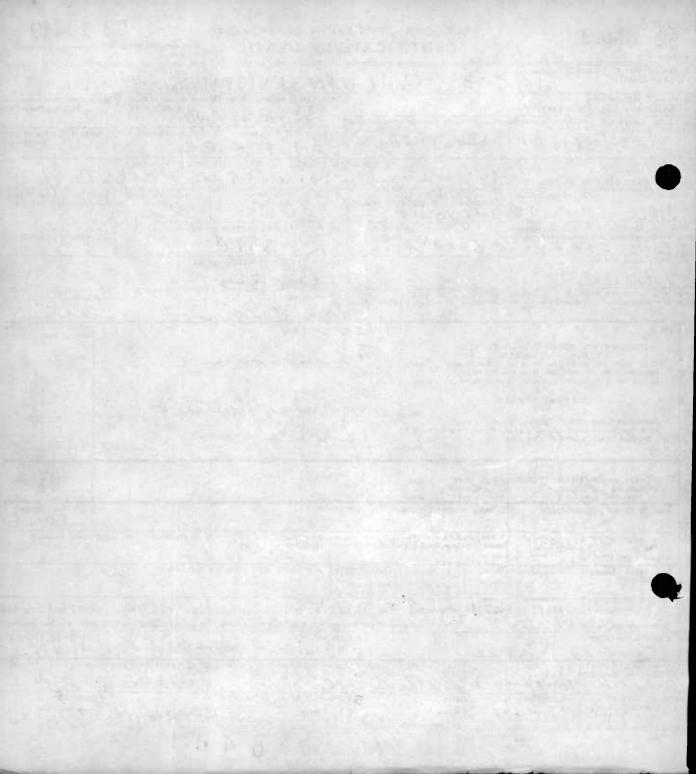
ADDRESS

1-550	
BALTIMORE CITY HEALTH DEPARTMENT	52 10448
CERTIFICATE OF DEATH	stered No.
BIRTH NO.  1. NAME OF DECEASED   2. DATE	7
(Type or Print) flance B. Wyman OF DEATH	lov. 16,195-2
3. PLACE OF DEATH: 4. USUAL REGIDENCE (Where deceased	lived. If instruction; residence
B. FULL NAME OF If not in hospital or institution, give street address or	3 - 10
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	rate limits, write RURAL and give township)
P Yrs. D. STREET ADDRESS (Ingrural, give/for	ation)
ength of stay in Baltimore hele Mos. 39 16 Dollie	ld ME
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. Age (In Mast birth	years If Under 1 Year   If Under 24 Hours inday) Months Days Hours Min.
emile married /a-/1-0/	4
work dynd during most of working life even if retired)  10B. KIND OF BUSINESS OR II. BIRTHY ACE State or foreign country INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
18. FAFTER'S NAME 14 MOTHER'S MAIDEN NAME	was
Lange Ledeles on - Change Leve	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17, INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HO	SPITAL
18. 443 X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY STATEMENT OF THE STATEMENT	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	·····
injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES (B) Hyputensine Cardines	enlar
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
A SALE OF OPERATION	YES NO V
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimon LyING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	re City, give exact location)
CAUSE OF DEATH	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	
m.   WORK   AT WORK	
22. I hereby certify that I attended the deceased from 1/- 12 1952, to 1/- 16 deceased alive or 1 1952, and that death occurred at 720 m., from the causes a	_, 19 <sup>5</sup> 2, that I last saw the nd on the date stated above.
23a. SIGNATURE 2	23c. DATE SIGNED
Monal. Shave M.D. JOHNS HOPKINS HOSPITAL	11-16-52
24A BURIAL, CREMA- 24B. DATE 110V. REMOVAL (Specify) 24D. LOCATION (C	ity, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE   28 FUNERAL DIRECTOR	ADDRESS
NOV 1 1000 Tuntington Williams 4 tack Louis See	3100 Botante
The state of the s	
Vs 150	

52 10449

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH GRAVINGEATH 1. NAME OF DECEASED JACOB (Type or Print) GALVANS 4. USUAL RESIDENCE (Where deceased lived If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) MORE (If rural, give location) Yrs. Mos. gth of stay in Baltimore Davs 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours! Min. MIDOWED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY CLERIC STOCK CN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO. (Yes, no or unknown) CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 11/14/52, 19 16/52-19\_ , that I last saw the deceased alive on 11/16/52, 19 and that death occurred at 10 2m., from the causes and on the date stated above. 23B-ADDRESS 23c. DATE SIGNED 23A. SIGNATURE ION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCAT BURIAL, CREMA

DATE RECEIVED BY SIGNATURE FUNERAL DIRECTOR DDRESS



Registered No. 10450 BALTIMORE CITY HEALTH DEPARTMENT 52 10450 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Levin ISADORE. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION OSPITAL township) 1MORE (If rural, give location) D. STREET ADDRESS Yrs. Mos. LAKEVIEW ngth of stay in Baltimore Davs 6. COLOR OF RACE 7. SINGLE, MARRIED 9. AGE (in years) WIDOWEO, DIVORCED (Specify) last birthday) Months Days Hours Min. INSLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF E (State or foreign country) 12. CITIZEN OF during mest of working life, even if retired) INDUSTRY NAT COUNTRY 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (You no or unknown) (If you, give war or dates of service) SECURITY NO. INTERVAL BETWEEN AB. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thia does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ....

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF **OPERATION** 

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) INJURY OCCUR?

21c. WHERE DID

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE WORK

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

deccased alive on 11 15 5

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

22. I hereby certify that I attended the deceased from 11 14

Am., from the causes and on the date stated above. and that death occurred at 3

23A SIGNATURE.

DATE RECEIVED BY

LOCAL REGISTRAR

CAUSE OF DEATH

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EDICA

24A. BURIAL, CREMA-THOM, REMOVAL (Specify) 24E DATE unal

REGISTRAR'S SIGNATURE

240 LOCATION (City, town, or county) FUNERAL DIRECTOR

20. AUTOPSY?

\_, that I last saw the

23c. DATE 11/16

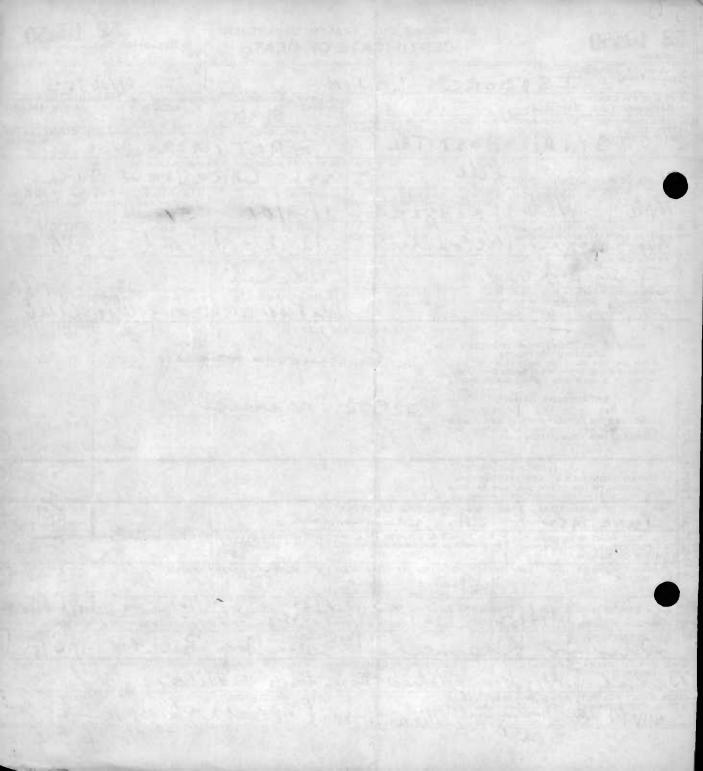
NO

YES

(If in Baltimore City, give exact location)

5 119\_

V\$ 150



52 10451 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH MLB. 162365 BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 11-14-52 Frank L. Hertzfeld DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Baltimore City Hospitals HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Hastern Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 72 Yrs c. Length of stay in Baltimore 1906 Fulton Ave Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6 COLOR OF RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. 81 yrs Male Widowed Dec. 25. 1870 White 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)

CLERGYMAN MINISTER WHAT COUNTRY Cuba A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Hertzfeld (d) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NECOTOS: Baltimore City Hosnitals (Yes, no or unknown) (If yes, give war nr dates of service) 4940 Eastern Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma Of Prostate lYear (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Carcinomatosis lyear ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Pulmonary Edema 2Days (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Carcinoma of Prostate YES NO To 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218, PLACE OF INJURY (e.g., in nr | (If in Baltimore City, give exact location) about hnme, farm, factory, street, office bldg., etc.) CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 8-24 -1952 to 11-14-1952, that I last saw the 19 52, and that death occurred at 10:00 R. From the causes and on the date stated above. deceased alive on 11-14-23A. SIGNATURE 23c. DATE SIGNED 11-14-52 4940 Bastern Ave 24A. BURIAL, CREM 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION. REMOVAL (Specify VS 150

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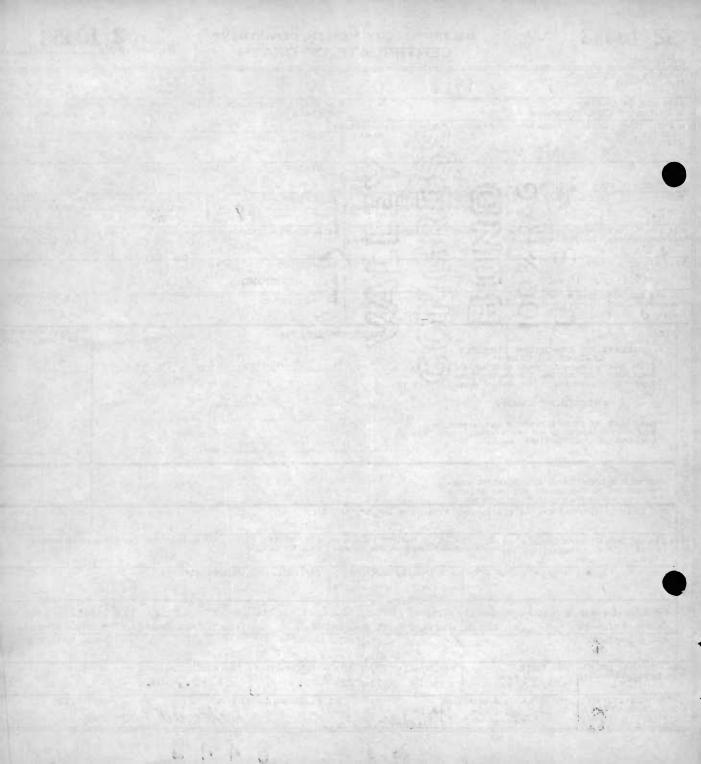
615
52 10452
BIRTH NO.
1. NAME OF DECEASE (Type or Print)
B. PLACE OF DEATH: A. Baltimore City, M
FULL NAME OF

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 2. DATE GRIFFIN OROTHY OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) aryland A. STATE B. COUNTY If not in hospital or institution, give treet address or location) HOSPITAL OR If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 30 11. BIRTH LACE (State or foreign country) 10A. USUAL OCCUPATION (Givakind of 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if ratired INDUSTRY Zuerykand Houseur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME maridge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMA ADDRESS (If yas, giva war or dates of service) (Yes, no or unknown) SECURITY NO. Balto 15 Rd. INTERVAL BETWEEN CAUSE OF DEATH 201% DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about homa, farm, factory, streat, office bldg., atc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK to 11/14/52, 19 , that I last saw the 22. I hereby certify that I attended the deceased from 11 deccased alive on 11/14/52 19 and that death occurred at 10 am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SJGNED 23B. ADDRESS (State) 24A. BURIAL, CEEMA-TION, REMOVAL (Specify) 7d. (mmanuel Burla ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL 7401 Be/a11 LOCAL REGISTRAR

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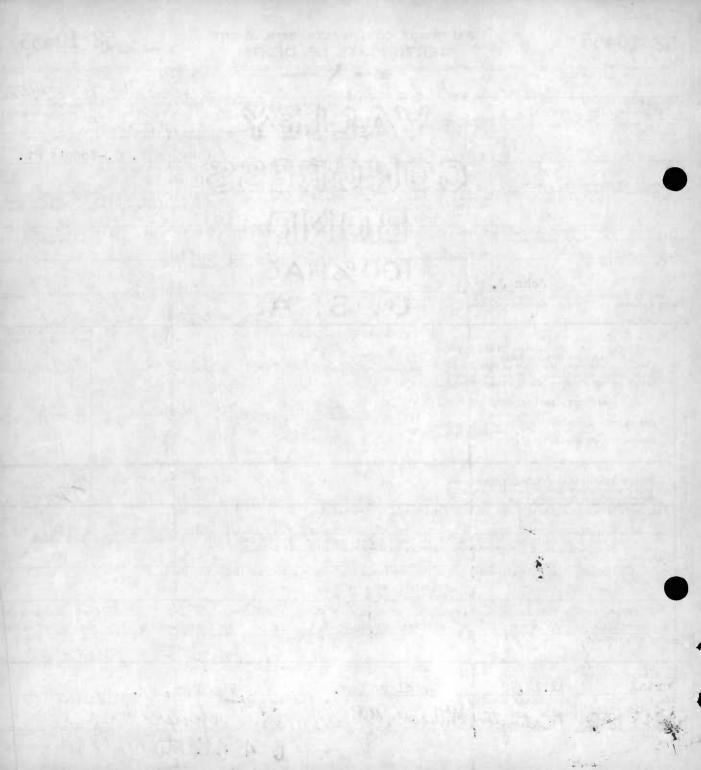
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В	IRTH NO.			CERTI	FICAT	E OF DEAT	Н	Register	ed No	
	NAME OF D	ECEASED	R J	OSEPH	51	ERIO		2. DATE OF DEATH	11-14	4-52
	PLACE OF D Baltimore	EATH: City, Marylan	d			4. USUAL RESIDE	ENCE (Wh			on: residence efore admission)
В.	FULL NAME	OF (If not in		tution, give stree	et address or location)	C. CITY OR TOWN	LANT		17 17 11 11	
17	ISTITUTION	ST. AG	NES	HOSP.		BALT	imo		0-0	township)
6	Length of s	tay in Baltime	ore 4	4 yrsi	Yrs. Mos. Days	6 M.	500	iral, give location	vet La	na
5.	m SEX	6. COLOR OR F	ACE 7. SING	OWED, DIVORC	ED (Specify)	8-22-18	92	9. AGE (In year last birthday)	Months Da	Hours Min.
1C wor	A. USUAL OC	CUPATION (Give of working life, even if	kind of 10B. KI	ND OF BUSIN	ESS OR	11. BIRTHPLACE (S	State or for	eign country)		IZEN OF
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13	FATHER'S N		SER	10		14. MOTHER'S MA		ME		
15		ED EVER IN U.S.			1	Unknow	<b>4</b> )			
(Ye	o, no or nnknown)	(If yes, give war	or dates of service	212-20-	RITY NO.	DAUGHTEK	2	11 N.	ROS ED A	ALE ST.
	18. 420	011			CAUSE	OF DEATH	0.754			ERVAL BETWEEN
		LEADING TO	DEATH		A	1 2 200	-1-	11.	1.	
	heart failu	not mean the nare, asthenia, etc.	It means the dis	ease,	Hen	te myou	arcua	y Jugare	pion	***************************************
	injury or	complication wl		ath.) DUE TO	0	6	11	a. C.		
z	4.	ANTECEDENT		(B)	Coro	nary 14	very	Occur		
은	RISE TO T	OR CONDITION HE ABOVE CAUSI	(A) STATING	VING		1	0			***************************************
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ERTI		IGNIFICANT C							15 P	
O		F OPERATION		OR FINDINGS	OF OPER	ATION			20	AUTOPSY?
CAL		. G. EMATION	100.11110	on Tine moo	01 01 21	.ATTON			YE	
EDI		ENT WAS UND R CONTRIBUTII DEATH		PLACE OF INJU me, farm, factory, stre				in Baltimore Ci	ity, give exac	et location)
Σ	ID. TIME	(Month) (Day)	Year) (Hour)	21E. INJURY	OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
			m	WHILE AT WORK	NOT WHILE					
	22. I hereb	y certify that	I attended t	he deceased f	rom_//	-14 , 193	2, to_/	1-14,1	9 5 that	I last saw the
	deceased al	live on 11-	14, 1952	and that de		red at 11,20 mg,	, from the	e causes and o		
	23A. SIGNA	De Ve	model	16:01	mat 2	3B. ADDRESS	Class	Noso.		DATE SIGNED
2.	4A. BURIAL,	CREMA- 248. DA	ATE A	PAC. NAME C	CEMETE	RY OR CREMATORY		CATION (City, t		
TI	Burial	11/	19/\$2	Holy F	le de eme	r Cem.	Balt	o., Md.		
D.	ATE RECEIVE	D BY REGIST	RAR'S SIGNA	TURE	373	25. FUNERAL DIR		19	ADDRE	ESS
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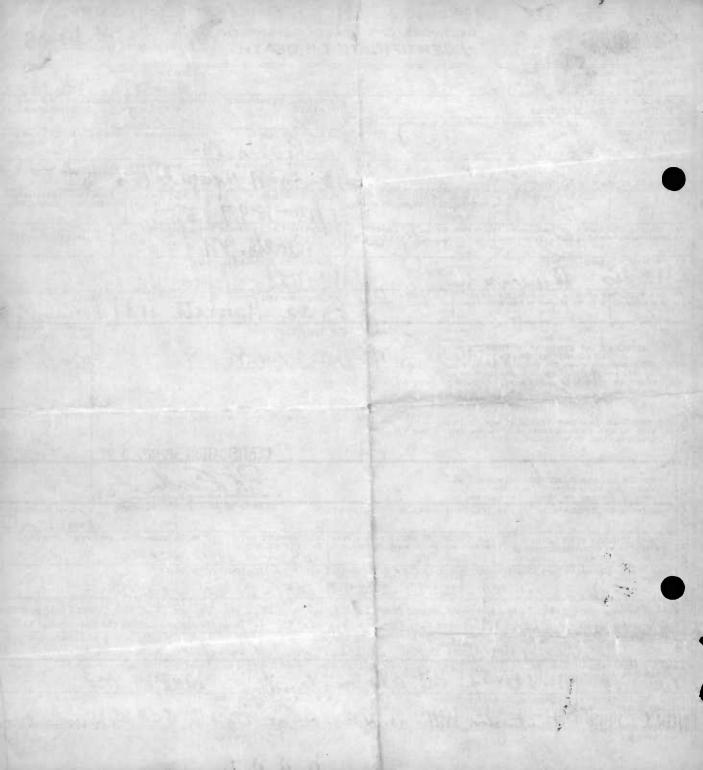
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	52 104 RTH NO.	54	BAI			ALTH DEPARTMENT	Registered N	2 10454
1.	NAME OF D	MY. ELLI	s She	r wood	K	ELLEY, Su.	2. DATE OF DEATH //~	15-52
	PLACE OF D Baltimore (	EATH: City, Maryland				4. USUAL RESIDENCE (\) A. STATE	Where deceased lived, If	institution; residence before admission)
H	FULL NAME	OF (If not in ho	spital or institut	ion, give street add	ress or cation)	c, CITY OR TOWN (II	Oakte	, write RURAL and give
IN	Union	memor	ine Ho	pital		Baltimore	53	township)
a.	ength of s	tay in Baltimor	e		Yrs. Mos. Days	76 murls	rural, give location)	
5. 7	rele	6. COLOR OR RA		E. MARRIED. /ED, DIVORCED (		8. DATE OF BIRTH  Sept. 10. 1906	9. AGE (In years last birthday) Mor	Under 1 Year If Under 24 Hours nths Days Hours Min.
		CUPATION (Give ki			OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
	Saler	manage	- Pro	duce	311(1)	morghand		U. S.A.
7	rather's N	Kin She	wood	Kellen.	(W)	nellie E.	Roches.	
15 (Yes	. WAS DECEASE	ED EVER IN U.S. AF	MED FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT	AI	DDRESS
						mrs. many	Kelly 76	mordole Rl.
	18. 193	3 X 1		CAL	USE C	OF DEATH		ONSET AND OBATH
		LEADING TO	DEATH	ne	unt	Mile Somon	m with	6 month
	heart failu	not mean the mo ire, asthenia, etc. It complication whi	means the diseas	se,	me I	and in		
	311,012	ANTECEDENT C		.,				
Z	DISEASE	S OR CONDITION	S. IF ANY GIVII	(B)	************			
RTIFICATION	RISE TO T	THE ABOVE CAUSE	(A) STATING T					
FIC				(C)				
RTI	OTHER S	II SIGNIFICANT CO	NDITIONS CO					
CE	TO THE D	S TO THE DEATH,	TION CAUSING	ΙΤ				
7	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF	OPERA	ATION	D	20. AUTOPSY?
EDICAL		ENT, SUICIDE.		ACE OF INJURY			If in Baltimore City, g	
	HOMICIDE	(Specify)	about home,	farm,factory,street,offic	ce bldg.,et	c.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Y		21E. INJURY OC		D 21F. HOW DID INJUR	Y OCCUR?	
		)//	m.	WORK LAT	WORK			
			attended the	deceased from	no	- 5, 1953 to	w. 15 , 195	that I last saw the
	deceased a	live on no.	, 19 3 1-	and that death		red at 8:00 Pm., from t	the causes and on th	e date stated above.
	ZSA. SIGNA	James	B.An	who M.	0.	Union man	wind Hoyo.	11-15-52.
24 TI	A. BURIAL,	REMA- 24B. DAT	E	24c. NAME of CE	METER	RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)
_	Burial	11/19	9/52	Morela	nd Me	em Pk Bal	to. Md.	A
	ATE RECEIVE		AR'S SIGNATI	JRE		25 FUNERAL DIRECTOR	alana 14	ADDRESS
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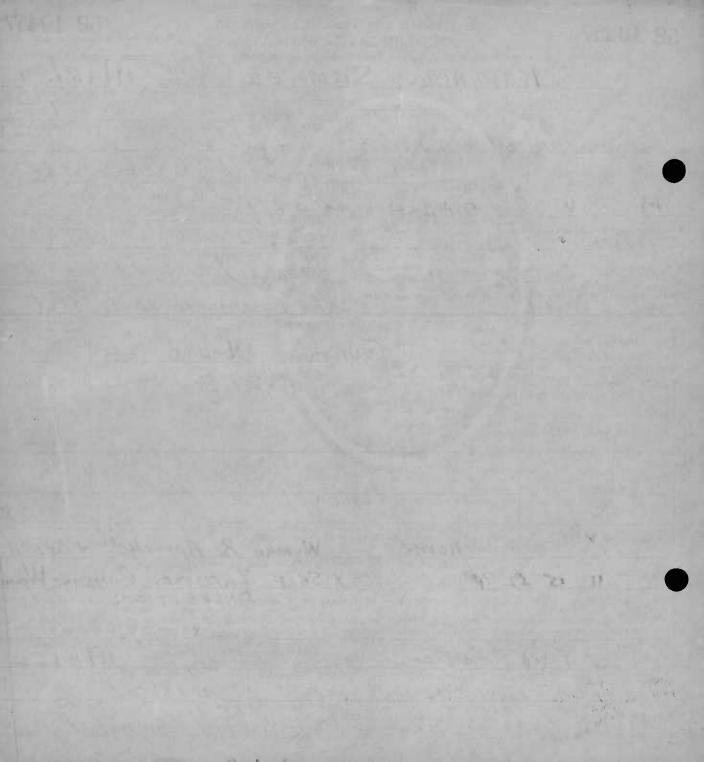
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52 10455 B	ALTIMORE CITY HEA		Registered	52 10455
BIRTH NO.	CERTIFICATE	OF DEATH	registered	110.
1. NAME OF DECEASED (Type or Print)	Q. Venhin	. 2	OF / C	NIN-1052
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (When		institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution) INSTITUTION	tution, give street address or location)	c. CITY OR TOWN (If outs	side corporate limi	ts, write RURAL and give
37 Muc Horn	ital.	Cambre	idge P. O	Todd's Pt.
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rurs	l, give location)	5900
5. SEX 6. COLOR OR RACE 7. SING	LE, MARRIED,	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Year   If Under 24 Hours
M	OWED, DIVORCED (Specify)	May 10 1890	62	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	Mall alexalities	14. MOTHER'S MAIDEN NAME		USA
John J.	rbin	alustal 7	aulor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT	a () A	ADDRESS
unknown	SECURITY NO.	wife + pla	to and	rulge led
18. 422,2 and 1624	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y	1-01	. 0	0
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which caused detailed.	ase.	yoursel ja	Mure	2400
ANTECEDENT CAUSES	ith.) DUE TO	y		
	(B)Chron	in morardial	disease	5-10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVE		0		
ONDERCTING CONDITION LAST.	(C)		•••••	
T OTHER SIGNIFICANT CONDITIONS C	64	11 - 10	11	
OTHER SIGNIFICANT CONDITIONS CONTINUE TRIBUTING TO THE DEATH, BUT NOT RELA	TED // A. PILA	chocker of	lung E	72/2
	R FINDINGS OF OPERA	TION	0	20. AUTOPSY?
X 12110-1958+	Careyon	no At lung Bros	schoquie	YES NO
LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., in cae, farm, factory, atreet, office bldg., etc		Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OF	CCUR?	
OF INJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th	ne deceased from	Nu-, 195 / to 15	Nar , 195	that I last saw the
deceased alive on 15 Mar., 1953			causes and on t	the date stated above.
23A. SIGNATURE	M. D.	B. ADDRESS'	tat	23c. DATE SIGNED
24A. BURIAL, CRENA- TION, REMOVAL (Specify)	24c. NAME OF CEMETER	Y OR CREMATORY 24D. LOCA	TION (City, towr	
Burial   11.18.52	Woodlawn Cem.		wn, Md.	Appendi
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNA	Williams M.P.	25 FUNERAL DIRECTOR	ner 4;	ADDRESS
VS 150	0001	E. da 887	eto 17.	Mrd.
epp 117	9 527 406	o lu l		



13	52 TO BE APPROVED !	BY MEDICAL EXAMINER
1		TE OF DEATH Registered No. 10456
BI	RTH NO.	
	NAME OF DECEASED  ype or Print)  Wallams Rite	2. DATE OF PAU. 12-1953
A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
	FULL NAME OF (If not in hospital or institution, give street address  SPITAL OR  location	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	University Hosp.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	ngth of stay in Baltimore Day	E IF 2 CM ADMAT ST
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH   S. AGE (In years) If Under   Year   If Under 24 Hours
	WIDOWED, DIVORCED (Spec	
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if relived)	11/BIRTHPLACE (State or foreign bountry) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	hales A	14 + 1 7
	mario y who	Mauda 14lor:
15 (Yœ	. WAS DECEASED EVER IN U, S. ARMED FORCES? h, no or anknown) (If yes, give war or dates of service) SECURITY NO	RASA Sarrett 2137 Walls
-	18. E ann a CAUSI	INTERVAL BETWEEN
	6 10010	E OF DEATH V
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-00 111 T. 04 W. 171
		AD / MJURY Opp /2 hrs
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUCEC	
-	ANTECEDENT CAUSES	
ō	DISEASES OR CONDITIONS, IF ANY, GIVING	
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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L.		O / C
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	NAKE OF
ш	TRIBUTING TO THE DEATH, BUT NOT RELATED	In order win
U	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OF	PERATION CHIEF OR AND MEDICAL EXAMINER: 1 20. AUTOPSY?
4	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	
0	LOSS DI ACE DE INTURY (-	r, ia or   21C. WHERE DID (If in Baltimore City, give exact location)
EDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, etreet, office bk	Ig.,etc.) INJURY OCCUR?
Σ Π	CAUSE OF DEATH AT HOME	1535 N. APPLETON ST. BALIO
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	RRED 21F, HOW DID INJURY OCCUR?
	FINJURY 11 12 52 // Am. WHILE AT NOT WHI	FELL DOWN STEPS
	22. I hereby certify that I attended the deceased from I	1-12-52, 1932, to 11-12-52, 1952, that I last saw th
		curred at 11.15 pm., from the causes and on the date stated above
	23A. SIGNATURE	23B, ADDRESS 23C. DATE SIGNED
	Harry Mr. Wouldh M.D.	Um (took 11-13-52
	A BURIAL CREMA- 246. DATE 24C. NAME OF COME	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LC	CALL REGISTRAR ( C)	All a C Vian transition
	1 7 1053 3 Structurator Williams M.	MIV. N. JO AGG 45 13 W, Handred G
77	VS 150	
	N N TI	
	N 856.2 , 0 5 2 B D	10000



52 10457 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED APHAEL (Type or Print) OF DEATH 3. FLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUN before admission) B. FULL NAME OF not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos. Upls 39150 ength of stay in Baltimore Days If Under 1 Year 5. SEX 6. COLOR CO. RATE LE. MARRIED DATE OF BIRTH 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. INGLE 10A. USUAL OCCUPATION (Give kind of) (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT FOUNT TISTORIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes give war or dates of service) SECURITY NO INTERVAL BETWEEN /18. OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO HEAD ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO X YES (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home farm, factory, street, office hldg., etc.) INJURY OCCUR? nome 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY SELF LHFLICTED thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ , accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) remallon ADDRESS DATE RECEIVED BY 25/FUNERAL DIRECTOR REGISTRAR'S SIGNATURE chovo VS 151



Registered No. 10458 BALTIMORE CITY HEALTH DEPARTMENT 10458 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Kobinson 15,1952 Esther Swope. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence S. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Memoria Baltimore Hospita D. STREET ADDRESS (If rural, give location) Yrs Mos. length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) 8. DATE OF BIRTH 5. SEX last birthday) | Months: Days | Hours : Min. WIDOWED, DIVERSON (Specify) Widowes 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY None USIF 13. FATHER'S NAME ODINSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH arterio cleratio heart dinasco (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from Sept 11 , 1952 to Not 15 , 1952 that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 6:20 Pm., from the causes and on the date stated above. 23c. DATE SIGNED 23A SIGNATURE Union Memina 24A, BURIAL, CREYA-TION, REMOVAL (Specify) 110118195 remalion ADDRESS FUNERAL PHREGOOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

VS 150

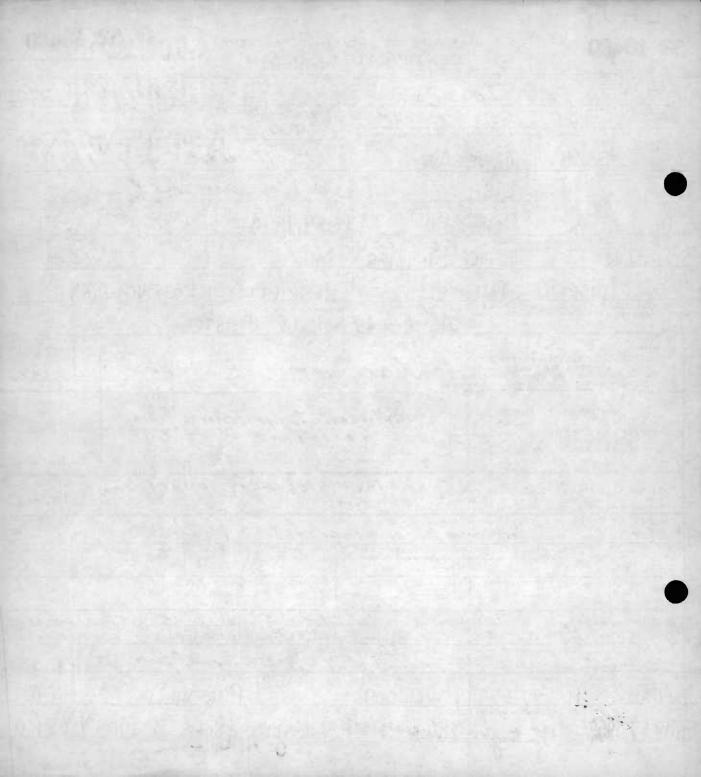
52 10459

BALTIMORE CITY H	EALIH DEPARIMENT	Paristand No.
BIRTH NO. CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED THEODORE MOTTU	mottu 2.	DATE OF NOV. 16, 1952
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE MO	deceased lived. If institution: residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION A CONTROL OF THE PROPERTY OF T		side corporate limits, write RURAL and give
1321 N. CHARLES ST.	D. STREET ADDRESS (If rura	12-02 township)
c. Length of stay in Baltimore LIFE Mos,	GOEENWAY N	PTS. CHARLES & 24TH
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify MARRIED)	"APRIL 26, 1872	AGE (In years if Under 1 Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even If retired)  EXECUTIVE  10B. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State or foreig	12. CITIZEN OF WHAT COUNTRY
1 HEODORE MOTTU	14. MOTHER'S MAIDEN NAME MARGARE	T GEORGE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) 2/5-/88.	17. INFORMANT	1532 BOLTON ST
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ucer of Pros	Tale interval Between onset and Death 3/2 yes.
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Obout home, farm, fectory, street, office bldg.		Baltimore City, give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!  WHILE AT NOT WHILE AT WORK AT WORK	Em /	CCUR?
22. I hereby certify that I attended the deceased from	1946, 19, tollow	, 1952, that I last saw th
deceased alive on 100 /6, 1952, and that death occur	23B. ADDRESS Boland	auses and on the date stated above  235 DATE SIGNED  AUS- 12, 1952
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET TON, REMOVAL (Specify) 11-18-1952 GREEN MO	ERY OR CREMATORY 24D. LOCAL	TION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Turtington Williams 117	25. FUNERAL DIRECTOR	NS CO. 4905 YORK PC

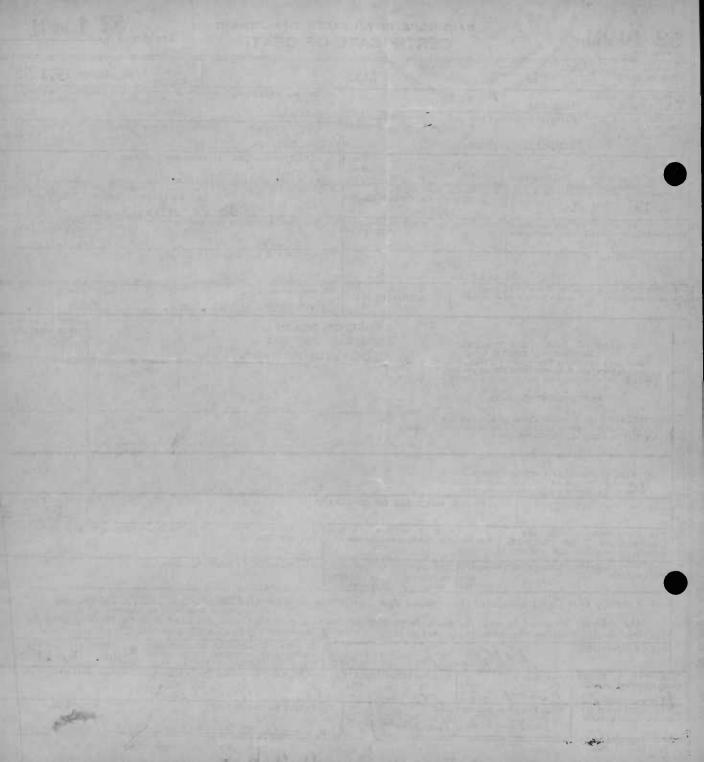
aragas a A E I

DR. HELFRICH 5006 ROLAND AVE

	52 10460			EALTH DEPARTMEN	T Registered 1	No 70290
BI	RTH NO.		EKTIFICATI	E OF DEATH	registered i	
	ype or Print)	k This	stel		OF DEATH NOVE	melo 15,1952
3. A.	PLACE OF DEATH: Baltimore City, Marylan	nd Baltimor	e. Mol	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If	institution: residence before admission)
H	OSPITAL OR	hospital or institution	n, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
11/	5008	GOVANE	AVE	Baltin	ore 27	7-/O township)
c.	Length of stay in Baltim		Yrs. Mos. Days	5008 GOVA	(If rural, give location)	
5.	SEX 6. COLOR OR		MARRIED, D, DIVORCED (Specify)	FEB.9. 1894		f Under I Year If Under 24 Hours onths Days Hours Min.
WOE	A. USUAL OCCUPATION (Give done during most of working life, even in	rekind of 108. KIND of fretired)	DE BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	1011100	- (VI	14. MOTHER'S MAIDEN	NAME ()	0.3.11
45	ANDREV	V THIST	EL	HENRIETTA	KOSENO	WSKY -
(Yes	. WAS DECEASED EVER IN U. S , no or unknown) (If yes, give wa	ARMED FORCES?	security No.	BURGER TH	ISTEL	DDRESS
	18. 148 x and	260X	CAUSE	OF DEATH	igree	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDI	DEATH	Care	inama at	1 / ivan	8
	(This does not mean the heart failure, asthenia, etc.	mode of dying, e.g., It means the disease,		inoma of	71121	L YEAYS
	injury or complication v		DUE TO			
z	ANTECEDENT		Malign	hroat in 1	moved from	
TIO	DISEASES OR CONDITI	SE (A) STATING THE	DUE TO 7	hroat in 1	944.	
FICATION	UNDERLYING CONDITI	ON LAST.	(C)	••••••		
RTIF	11		Minbetes	· (secondary	to carina	
CER	OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OR CON	, BUT NOT RELATED	- / / .	VYV	,0	2 years.
1	19A. DATE OF OPERATION	198. MAJOR F	INDINGS OF OPER			20. AUTOPSY?
DICAL	21A. ACCIDENT WAS UNI		E OF INJURY (e.g., in		(If in Baltimore City,	YES NO
MEDI	LYING OR CONTRIBUT		n,factory,street,office bldg.,e		(II III Davinoic City)	are cauco location,
	D. TIME (Month) (Day)	WHI	E. INJURY OCCURRE  LE AT NOT WHILE		JRY OCCUR?	
Н	22. I hereby certify tha		CORK AT WORK	14 10 2 to 1	NOV. 15 195	Zahat I last sam the
	deceased alive on Nov	1 attended the de	ed that death occur	red at 3:45 P.m., from	the causes and on t	he date stated above.
	23A. SIGNATURE	Tae	6011- 2	3B. ADDRESS	wount aux	23c. DATE SIGNED
24	IA BURIAY, CREMA 248. E DN. REMOVAL (Specify)	ATE 24	C. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, town	or county) (State)
1	BURIAL 111-1	8-1952 1	ARKWOOD	P	ARKVILLE	MD.
	ATE RECEIVED BY REGIS	TRAR'S SIGNATUR	Villiams H	A W. FNKINS	SONS CO. 19	OS YORK RD
	VS 150	Juntargue	= 0 0	01/8/4	5 H	121741
	. F4.		9 5 6 4	7065		



52 104 BIRTH NO.	61		TIMORE CITY HE			Registere	0 No	0461
1. NAME OF E (Type or Print)	CLARE!	NCE	GLASS			OF NOT	rember	15,1952
	City, Maryland			4. USUAL RESIDER A. STATE Maryland	NCE (W		. If instituti	ion: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	Franklin S		ion, give street address or location)	c. CITY OR TOWN Baltimore	(If e	outside corporate	mits, write	RURAL and give
ength of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES			)	
5. sex Male	6.COLOR OR RACE	WIDOW	E. MARRIED. VED. DIVORCED (Specify) TNGLE	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Ye Months Da	ays Hours Min.
ork done during most	CCUPATION (Give kind of of working life, even if retired)			11. BIRTHPLACE (S		reign country)	W	TIZEN OF HAT COUNTRY S.A.
13. FATHER'S	NAME	~ -	7	14. MOTHER'S MAI		AME		
15 WAS DECEAS	Chester		I 16. SOCIAL	Susie Ada	ams		ADDRES	S
Yes, no or unknown			SECURITY NO.	Chester G	lass	.202.N.St		
Z DISEASE	ANTECEDENT CAUSES OR CONDITIONS, INTHE ABOVE CAUSE (A)	ES F ANY, GIVII STATING T	(B)					
OTHER TRIBUTIN	SIGNIFICANT CONDI IS TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED					
The second secon			FINDINGS OF OPER	RATION	170.5			O. AUTOPSY?
UNDERLYII	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21c. WHERE D		f in Baltimore Ci		
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURS WHILE AT NOT WHILE WORK AT WORK		INJURY	OCCUR?		
the en	vidence obtained by leath in my opinion	rge of the	remains described opsy, Inspection or from: natural cause	above, held an in Inquiry, find that s <b>T</b> , aecident $\square$ ,	said de suicide	eceased died or	the day	stated above $rmined \square$ .
23A. SIGNA	11	Kry	Lev NAME OF CEMETE	ASSISTANT ME	EDICAL I	EXAMINER OF OR OCATION (City, t	Nov. 1	re SIGNED 5, 1952 nty) (State)
TION REMOVAL	(Specify)	8-57	H) case	ele		Va		
DATE RECEIV LOCAL REGIS		's SIGNAT	Valians M. P.	25. FUNERAL DIR	ECTOR		ADDI	RESS
NOV.1.7-1	352	1	47.00	GG A F	1"	8		1/



16	000	Vicinity in the second							
E)	2 104	62		TIMORE CITY HE CERTIFICATI			Registere	52_	10462
	NAME OF D	RENI	AMIN	F. Fru			2. DATE OF DEATH	11-14	-52
A.		City, Maryland			4. USUAL RESIDE		B, COUNTY	. If institu	ution: residence before admission)
HO	FULL NAME OSPITAL OR ISTITUTION.	Home + Hos		ion, give street address or location)	C. CITY OR JOWN	UMLIC		mits, writ	te RURAL and give township)
	1000		· · · · · · ·	Yrs. Mos. Days	D. STREET ADDR	ESS (If r	Parku		
5.	SEX	6. COLOR OR RACE			Sept 8 18		9. AGE (In years last birthday)		Year Hours 24 Hours Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	RAILRO	O OF BUSINESS OR INDUSTRY	BALTIMO		eign country)	V	CITIZEN OF WHAT COUNTRY?
13	FYANKLIN	NAME			Miss Mark	AIDEN NA	ME		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs ANN Fr	6	2614 Liber	ADDRE	ar Kway
NO	(This does heart failt injury or	SE OR CONDITION LEADING TO DEA' 3 not mean the mode tre, asthenia, etc. Id mea complication which ANTECEDENT CAUS	TH  f dying, e. 1  ns the diseas  aused death	E, (A) CA 0 e, DUE TO ME	of DEATH  Fros 7A  THSTES TA	IE Liver			NTERVAL BETWEEN INSET AND DEATH  3 ye are
DICAL CERTIFICATION	OTHER S TRIBUTING TO THE D	2	TIONS CON RELATING IN CAUSING IN PROPERTY P	(C)	of the F	Team			4 mes  20. AUTOPSY?  YES No vant location)
MEDI	LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCL	JR7		,, 8	
	22. I hereb deceased a 23A. SIGNA	live on 11-14-8	ended the	while AT NOT WHILE AT WORK  deceased from // and that death occur	-9-50 19 S	., from th	l-14, 19 te causes and on	n the da	at I last saw the stated above.  C. DATE SIGNED  1/-/4-52
9	4A. BURIAL, ON, REMOVAL (S OR I A) ATE RECEIVE OCAL REGIST OVS 150	D BY   REGISTRAR	S SIGNATI	OAK he	PW V  25. FUNERAL DIE	8 BA	CATION (City, to	wn, or co	
			o r	5 6 690	50	4			

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nov.14.1952 Hattie R. Holmes DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 203 W. Hoffman St. A. STATE Baltimore before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore None D. STREET ADDRESS (If rural, give location) Yrs. Mos Life 203 W. Hoffman St. c. Length of stay in Baltimore Days AGE (ln years | 16 Under 1 Year | 16 Under 24 Hours last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) F Apr. 8, 1880 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U.S.A COUNTR Housewife Baltimore.Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Slippen Stark Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Edward G. Holmes 203 W. Hoffman INTERVAL BETWEEN -43X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive Heart Failure 6 Mo. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES H.C.V.Disease ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED None TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL None NO X YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY AT WORK 22. I hereby certify that I attended the deceased from July Nov.14 14th and that death occurred at-. m., from the causes and on the date stated above. deccased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED N. Carev St.Baltimore 24A PURIAL CREMAna DATE RECEIVED BY FUNERAL DIREC REGISTRAR'S SIGNATURE LOCAL REGISTRAN 2/6

162 Andrew September 1991

52 10464 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE OF NOY 15- 1952 (Type or Print) MARY FERENCE OR BENKOWSKI 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 118 N. BRAGFORD before admission) A. STATE B. COUNTA B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION BALTIMORF TOAN F o. STREET ADDRESS (If rural, give location) Yrs. Mos. BRAD FORD STREET ength of stay in Baltimore 6. COLOR OR RACE 9. AGE (In years | If Under 1 Year 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. MARRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Co POLANO SKINNER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown)

17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO 2-03-3006 VERONICA FERENCE 118 N. BRADFORD ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH TERIOSCLEROTIC (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

township)

(If in Baltimore City, give exact location)

1950 to Nortuder 15, 1952 that I last saw the

Am., from the causes and on the date stated above.

1300 DUNIDALK AVE

23c. DATE SIGNED

ADDRESS

DATE RECEIVE LOCAL REGISTRAR 105 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE wertington VS 150

WHILE AT

decedsed alive on North 15, 1952, and that death occurred at 1/29

21B. PLACE OF INJURY (e.g., in or

21E. INJURY OCCURRED

NOT WHILE

AT WORK

24c. NAME OF CEMETERY OF CREEK

ST. STANISLAUS

Harch 2

23B. ADDAESS

about home, farm, factory, street, office bldg., etc.)

18. 11

CERTIFICATION

EDICAL

NONE

210. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify, that of attended the deceased from

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

CAUSE OF DEATH

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

BURIAL

F INJURY

52 10985 BALTIMORE CITY HEALTH DEPARTMENT AB-164921 CERTIFICATE OF DEATH Registered No BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE

	Fra	ak A. Ta	ylor		DEATH NO	V. 14. 195	2
	of DEATH: nore City, Maryland	Baltimor	e City Hospi	4. USUAL RESIDENCE (V		If institution: res	idence idmission
B. FULL 1	NAME OF (If not in hospit	al or institutio	n, give street address of	Marylan	nd		
HOSPITAL		Cit des Tra	location	C. CITY OR TOWN (If	outside corporate lin	mits write RURA	and giv
114511101	LOVO 1	Eastern.	spitals	Baltimore	The same	() 2	township
	4740	sastern.			500	THE STREET	
		COLUMN	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
c. Lengt	h of stay in Baltimore	5	O Yrg. Days	1049 W. Lexis	neton St. (	23)	
5. SEX	6. COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED, D, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)		nder 24 Hours urs i Min.
Male	Negro	Si	ngle	uly 22, 1900	52		
10A. USU	AL OCCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country)	1 12. CITIZEN	OF
work done duri	ing most of working life, even if retired)	2	INDUSTRY			WHAT CO	DUNTRY
		1		Maryland			
13. FATH	ER'S NAME			14. MOTHER'S MAIDEN N	AME		
	Will Tay			Harriet Johnson	ı		/
15. WAS D	ECEASED EVER IN U, S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	7
(,	(** ****, **** *** *** ***		SECURITI NO.	Records: Balto.	Citer Home	4740	
					OT by Hosp	Eastern A	ve.
1B. 0	02× 1		CAUSE	OF DEATH		INTERVAL ONSET AN	
	DISEASE OR CONDITION						
(Th	LEADING TO DEAT			Far Advanced Tube	premlesse	6	7P on 73
	rt failure, asthenia, etc. It mea		(A)		, , , , , , , , , , , , , , , , , , ,		. is . it . it
inju	ary or complication which c	aused death.)	DUE TO				
	ANTECEDENT CAUS	ES					
Z	prove-		(B)	***************************************			
O DIS	EASES OR CONDITIONS, IN	ANY, GIVING	DUE TO				
UNI	DERLYING CONDITION LA		002 10				
Ü			(C)		***************************************		•••••
OT DIS	11						
TO OTH	HER SIGNIFICANT CONDI	TIONS CON-				100	
	BUTING TO THE DEATH, BUT	NOT RELATED					
() TO	THE DISEASE OR CONDITION	CAUSING IT.			· · · · · · · · · · · · · · · · · · ·		*****

21B. PLACE OF INJURY (e. g., In or i 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

1952, to , 19\_52 that I last saw the and that death occurred at 11:10mP, from the causes and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED

20. AUTOPSY

YES X

22. I hereby certify that I attended the deceased from. 11-14 deceased alive on. 23A. SIGNATURE

A.A.COUNTY, MD. MT. CALVARY CEMETERY BURTAL CHARLES G. COOPER-512 CARROLLTON DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

198. MAJOR FINDINGS OF OPERATION

4940 Eastern Avenue

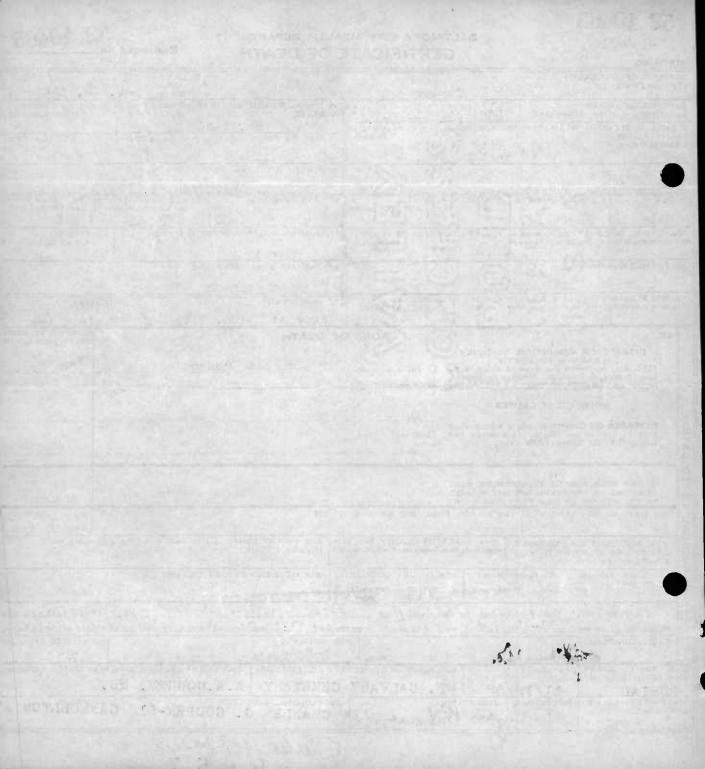
24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) (State)

19A. DATE OF OPERATION

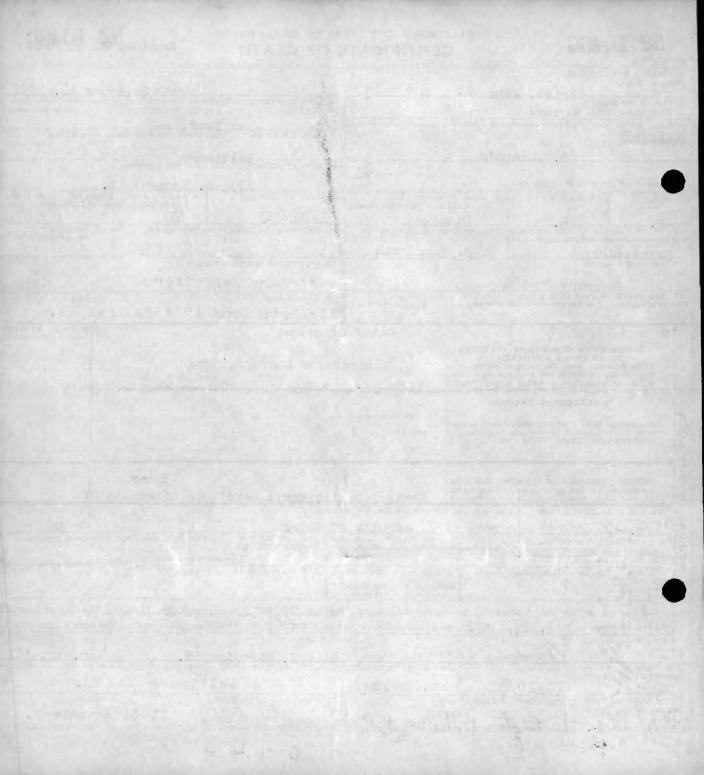
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)

U

MEDICAL

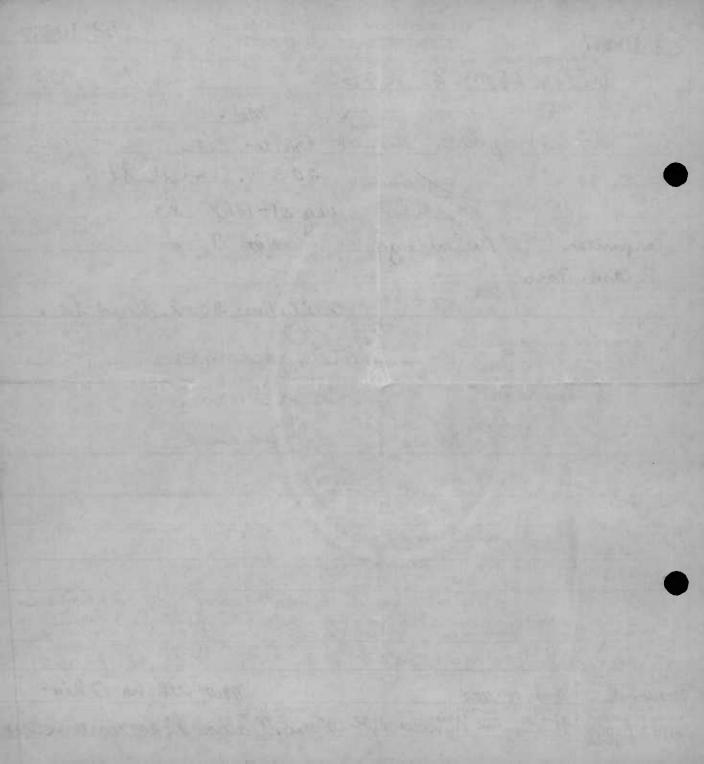


52 10466	CERTIFICATE		Registered	£ 10466
BIRTH NO.	CERTIFICATI	E OF DEATH		
1. NAME OF DECEASED (Type or Print)	- A-		2. DATE OF DEATH NO VE	mber 1/1, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDEN	CE (Where deceased lived, If	institution : residence before admission
B. FULL NAME OF (If not in hospital of HOSPITAL OR INSTITUTION	r institution, give street address or location)		ryland (If outside corporate limi	
St. Joseph	Yrs.	D. STREET ADDRESS	(If rural, give location)	
ngth of stay in Baltimore	Mos. Days	17	3h E. Federal St	t.
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	
	Di vorced DB. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY L. C. Fauldrath	D.	ltimome Nd	WHAT COUNTRY
Paint maker II	PAINT (M)	14. MOTHER'S MAID		
Henry Kriss	*	Barbara	Schreifer	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of	CECURITY NO	17. INFORMANT		DDRESS
		Elizabeth D	rum 1734 Feder	PAL ST.
Z O I I OTHER SIGNIFICANT CONDITION TRIBUTING TO THE MODE OF MEDICAL CONDITIONS TRIBUTING TO THE DEATH, BUT NO  L TRIBUTING TO THE DEATH, BUT NO  L TTIS TO THE ABOYE CAUSE (A) ST.  UNDERLYING CONDITION LAST.	the disease, ed death.) OUE TO  (B)	estive heart f	ailure	
19A. DATE OF OPERATION 19B.		of Vater	Vater recinoma of would  (If in Baltimore City,	YES X NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING AL CAUSE OF DEATH	bout home, farm, factory, street, office bldg.,	etc.) INJURY OCCURT		
21b. TIME (Month) (Day) (Year) (H	m. WHILE AT NOT WHILE			
deceased alive on Nov. 14, , 1  23A. SIGNATURE	1952 and that death occur	tober 29, 1952 rred at 6:15p m., f 23B. ADDRESS	rom the causes and on	2, that I last saw the date stated above 23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	
Burial 11/19/52	St.Pauls		Baltimore	Md.
DATE RECEIVED BY REGISTRAR'S S		LAUNE TO		Broadway.
VS 150	5 69	01408 1 4	3 0	



200 52 10467	ALTIMORE CITY HEALTH DE CERTIFICATE OF D	EPARTMENT DEATH Registered	52 10467
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:	A. ROSS	2. DATE OF DEATH  RESIDENCE (Where deceased lived, I B. COUNTY	f institution: residence
a. Baltimore City, Maryland  B. FULL NAME OF Inot in hospital or institution  HOSPITAL OR	c. CITY OF	md.	its, write RURATI and give
5. SEX 6. COLOR OR RACE 7. SING WIDO	Days   8, DATE O WED, DIVORCED (Specify)  AUG 2  ID OF BUSINESS OR INDUSTRY	F BIRTH  9. AGE (In years lab birthday)  9. AGE (State or foreign country)	li Binder I Year   If Under 24 Hours   Min.     12. CITIZEN OF   WHAT COUNTRY
Carpenter Bu	<u> </u>	rdix Ohio ER'S MAIDEN NAME	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Easl C	Ross 2038, flor	address dat.
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase, (A) Wrteric	osclerotic	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING	diovascular	
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	IT. None	AND HOLY STANDARD COLUMN TO THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER O	30
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERATION		20. AUTOPSY?
11 214 EXTERNAL CAUSE WAS 4 5 5		Y OCCUR? (If in Baltimore City,	give exact location)
Z ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21F. HO WHILE AT NOT WHILE AT WORK	O ' O	**
22. I certify that I took charge of the the evidence obtained by said Au and death in my opinion resulted	topsy, Inspection or Inquiry, fin	Autopsy, Inspection or Inquery	he day stated above.
Francis J. Janu	ASSIST	AL INVESTIGATOR	3c. DATE SIGNED
TION, REMOVAL (Specify) REMOVAL (Specify) Removal Nov., 18-1852	200. NAME OF CEMETERY OR CREM	new- athens	Ohio (State)
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR Huntington	E R CA	S. Fialkouski 2007	Eastern ave

NOV 17 1952 Tuntuglor Vollacus, Mr. Wm. 8, Fralkousky 2007 Castern av



VS 151 N 803,4

# BALTIMORE CITY HEALTH DEPARTMENT

52 10468

BIRTH NO.	3	CEI	RTIF	ICATE	OF DEATH	Registere	ed No.
I. NAME OF I	DECEASED	JOSEPH	H.	SECHL	ER	2. DATE OF DEATH NO	v. 13, 1952
3. PLACE OF D	City, Maryland				4. USUAL RESIDENCE	(Where deceased live B. COUNT)	d. If institution: residence
B. FULL NAME HOSPITAL OR INSTITUTION	OF not in hespit	al or institution, gi	ve street :	address or location)	c, CITY OR TOWN	.nd (If outside corporate	imits, write URAL and giv
3.7	Mercy	Hospital		Yrs.	Baltim		170
ength of stay in Baltimore 8 months Mos. Days					o. STREET ADDRESS (If rural, give location)  809 Cathedral Street		
male white		7. SINGLE, MARRIED, WIDDLE DIVORCED (Specify)			Sept. 10, 1913	9. AGE (In year last birthday)	s If Under I Year If Under 24 Hours Min.
vnrk dans during mast	CCUPATION (Give kind of nf working life, even if retired) Sears, Roetu			IDILICTEN	11. BIRTHPLACE (State or Chilhowie, Va.	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S		D.	シャナ	fra	14. MOTHER'S MAIDEN		
	h Herbert Sec				Mayme Heninger		
15. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES? 16.	SOCIAL SECURI	TY NO. M	rs. Eliz. S. Ro	per 22 Staf	f Village
(This doe heart fail injury or	SE OR CONDITION LEADING TO DEA's not mean the mode of use, asthenia, etc. It means to complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA LIGHT CONDITION OF THE OBSTATE OR CONDITION OF OPERATION 11	TH f dying. e. g., ns the disease, aused death.)  F ANY, GIVING STATING THE ST.  TIONS CON- NOT RELATED CAUSING IT.	(B) DUE TO (C)		wound of the b	rain	20, AUTOPSY?
1 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION							YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, atreet, office bidg., etc.)  1 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, atreet, office bidg., etc.)  1 21c. WHERE DID (If in Baltimore City, give in the property of the property o							ty, give exact location)
ov. 13	, 1952 4:45 P	m. WHILE A	T	NOT WHILE	Firearms		
the ev	eath in my opinion	said Autopsy.	Inspect	tion or In	Autopsy	le 🐧, homicide 🛚	n the day stated above
	R	Sorsh	en	M.E	ASSISTANT MEDICA	L EXAMINER	Nov. 14, 1952
24A. BURIAL. TION, REMOVAL ( Cremation	Specify)			unt Cer	Y OR CREMATORY   24D.	altimore, Mo	
DATE RECEIVE LOCAL REGIST		ston Wille	aus-	Miss	one Mysel	of a sevent	ADDRESS Eutaw Place
V S 151 //	803,4	0	.4.	906	FOALS		V

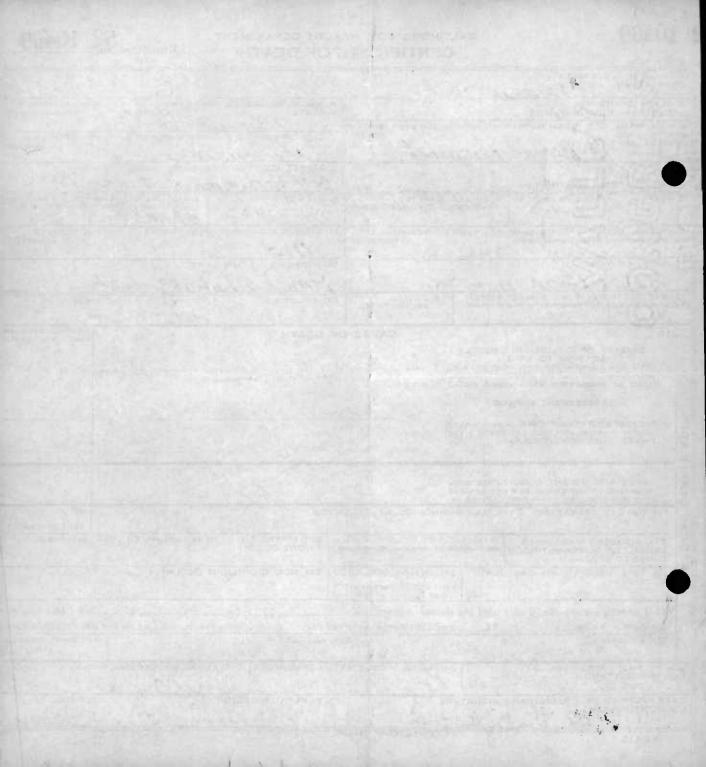
THE CHE ! . R LEWIS CO.

### BALTIMORE CITY HEALTH DEPARTMENT

E	Registered	52	10469
	reeg.beered	110	

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY A. Baltimore City, Maryland A. STATE an B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) TIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. Tammonds Terre c. Length of stay in Baltimore Days 7. SINGLE MARRIED 6. COLOR OR RACE 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10-7-1905 4125 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY To Sury Dru 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME R 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. No 5-03-3316 143X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPS 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE! AT WORK 11-14 - 14 19 3 7 that I last saw the 22. I hereby certify that I attended the deceased from-11-14 1932, and that death occurred at 2:45 Im., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A. SIGNAPURE 23B. ADDR 559 244. BURIAL CREMA-TION REMOVAL (Speaify) CEMETERY OR DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

VS 150

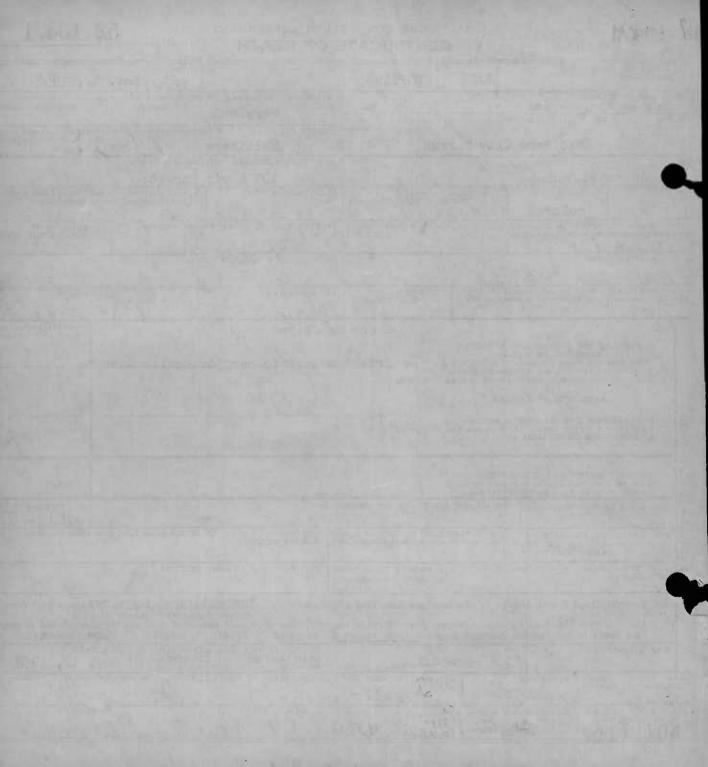


6	,30				
5	2 10470 RTH NO.	CERTIFICATI		52 Registered No.	10470
1. (T	NAME OF DECEASED Office or Print)	ter 4.9	Ford.	2. DATE OF DEATH NOV	15 1952
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst	itution residence before admission)
H	FULL NAME OF (If not in hospital or in DSPITAL OR STITUTION 2723	stitution, give street address or location)	c. City or hown , (If	outside corporat limits, w	the LURAL and give township)
c.	ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS UP	rural, give location)	e.
1	Pale white	MARRIED, DWED, DIVORCED (Specify)	8. PATE OF BIRTH 1892	9. AGE (In years If Under last birthday) Months	
	A USUAL OCCUPATION (Give kind of definition of the definition most of working tipe, even if retired)	KIND OF BUSINESS OR INDUSTRY	Manual Or for	oreign country) 12	CITIZEN OF
1/3	Edward For	d.	14. MOTHER'S MAIDEN NA	God.	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of serv	16. SOCIAL SECURITY NO.	ille M. In	d-3723 Ta	ele Pd.
	18. 334X	11	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dyin, heart failure, asthonia, etc. It means the injury or complication which caused	g, e. g., (A)	est luger	<i></i>	80-100gs
	ANTECEDENT CAUSES	death.) DUE TO	h 1	*	0
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATH UNDERLYING CONDITION LAST.	NG THE DUE TO	Busines	7~	Flore
FIC.		(c)		le little	
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
٦	19A. DATE OF OPERATION   19B. MA	JOR FINDINGS OF OPER	ATION		YES NO
EDICA	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about	B. PLACE OF INJURY (e. g., in home, farm, factory, street, office hidg., a	21c. WHERE DID (I	f in Baltimore City, give	
Σ	SID. TIME (Month) (Day) (Year) (Hour INJURY	21E. INJURY OCCURR  WHILE AT NOT WHILE  M. WORK AT WORK	THE RESERVE OF STREET, SAME AND ADDRESS OF THE PARTY OF T	OCCUR?	
	22. I hereby certify that I attended		1 - 195 1, to /		hat I last saw the
	decleased alive on , 19_23A. SIGNATURE	4.	3B. ADDRESS	he causes and on the c	date stated above.
2. TV	A. BURIAL, CARMA- 24B. DATE	124c. NAME OF CEMETE	- 0 1110	OCATION (City, town, or	egunty) (State)
707	ATE RECEIVED BY REGISTRAP'S SIG	NATURE ME	25. FUSERAL DIRECTOR		Soland
	VS 150	5 2 0900	98 4 6 9		leve.

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 10471 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN HOPKINS OF Nov. 12, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate imits. write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore City Morgue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 103 Hayes Street Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years It Under I Year If Under 24 Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male colored MAIR a 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR QNI Or 13. FATHER'S NAME MOTHER'S MAIDEN NAME TarrISON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 42211 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) ...Arteriosclerotic cardiovascular disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? NO X YES 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an \_inspection & inquiryhereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes K, accident , suicide , homicide , undetermined . 23A, SIGNATURE 238, CHIEF MEDICAL EXAMINER ..... 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... Nov. 12. 1952 MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D | LOCATION (City, town, or county)

sund DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151

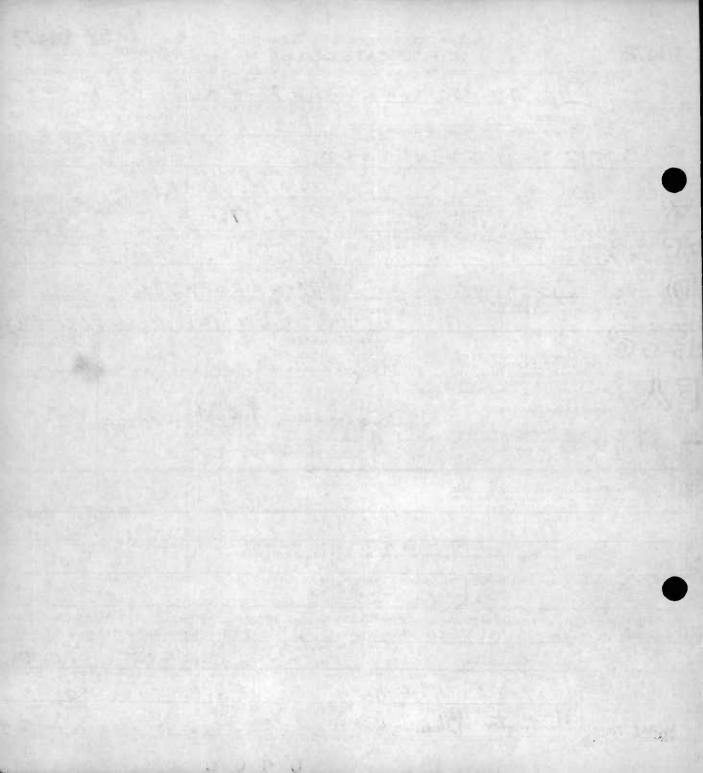


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10472

Ві	111472 IRTH NO.			CERTIFICAT	E OF DEATH	Registe	red No	
	NAME OF DEC	EASED LFN#	De	OCKINS	CARTER	2. DATE OF DEATH	11-1	5-57
	PLACE OF DEA Baltimore Cit				4. USUAL RESIDENCE A. STATE	(Where deceased liv B. COUNT		ution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospit	BR01	on, give street address or location)	C. CITY OR TOWN BALTG;	(If outside corporate	limits wit	te RURAL and give township)
C	ength of stay	y in Baltimore	4.	Fe. Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location	NAV	
5.		COLOR OR RACE	7. SINGLE WIDOW		8. DATE OF BIRTH 3 - 14-189	9. AGE (In year last birthday	ars if Uniter 1 Months	
1C	A. USUAL OCCU k done during most of w	PATION (Give kind of orking life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)		CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAI				14. MOTHER'S MAIDEN	INAME		
15	AN DECEASED	EVER IN U. S. ARMED	KINS	16. SOCIAL	DELIA &	ORKELL		
(Ye	s, ao or unknown)	(If yes, give war or date	of service)	SECURITY NO.	WILLS DOC	KINS 121	ADDRE	KAA GWAY
	(This does no heart failure,	OR CONDITION EADING TO DEAT of mean the mode of asthenia, etc. It mea mplication which of	TH f dying, e. g ns the diseas	(A) My	of DEATH	ijustic		NTERVAL BETWEEN ONSET AND DEATH
ICATION	DISEASES O	NTECEDENT CAUS OR CONDITIONS, II ABOVE CAUSE (A) IG CONDITION LA	F ANY, GIVIN STATING TH		terioseler	art Din	iuse.	<u> </u>
CERTIF	TRIBUTING T	II NIFICANT CONDI O THE DEATH, BUT TASE OR CONDITION	NOT RELATE	D				
CAL	19A. DATE OF	OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	RATION		100	20. AUTOPSY?
MEDIC		T WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., l arm, factory, street, office bldg.,		(If in Baltimore	City, give e	xact location)
2	D. TIME (Me	onth) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	Call March 1991 The Call 1994	URY OCCUR?		
	22. I hereby	certify that I att	ended the	deceased from	195,40	how 15,	19.1., the	at I last saw the
			, 1953	and that death occur	rred at	m the eauses and		c. DATE SIGNED
	23A. SIGNATU	RE Callu	m	м. D.	12427.	Coroline	PA 1	1-17-12
2 11	AA. BURIAL, CRI ON, REMOVAL (Spe	EMA- 248. DATE cify) // - 18-	52	MT. CALL	ARY A	A. COUN	TYA	nd
DL	ATE RECEIVED	AR A	SSIGNATI	Miaux M.P.	25. UNERAL DIRECTO	ock. de	1384	n. Centry a

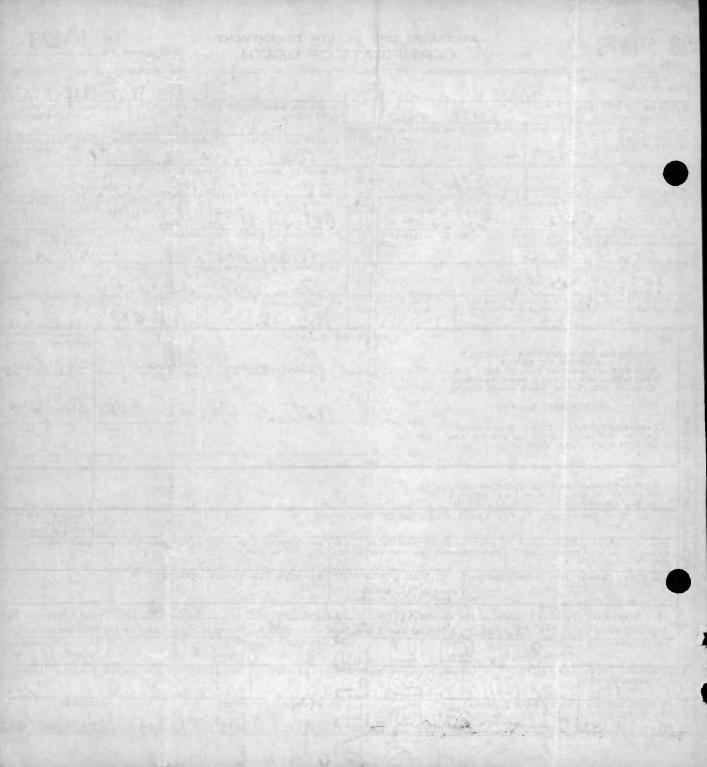
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52 10473
BIRTH NO.

VS 150

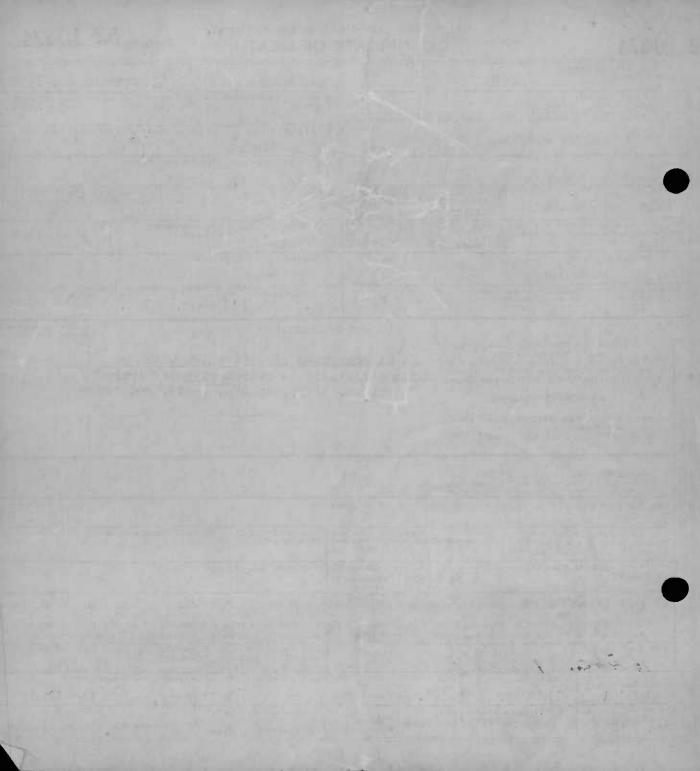
111/3 /~	E OF DEATH Registered No.	10473
1. NAME OF DECEASED (Type or Print)  Mary V. Jacobs	2. DATE OF DEATH	14 1962
Baltimore City, Maryland Solto City  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)		rite RURAL and give
c. Length of stay in Baltimore Life. Mos. Days	D. STREET ADDRESS (If rural, give ocation)	Searlot -
5. SEX 6. COLOR PR RACE 7. SINGLE, MARRIED, WIDQWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years) Il Inde	r I Year H Under 24 Hours Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of lob, KIND OF BUSINESS OR INDUSTRY) INDUSTRY		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	WS A
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (I yes, give war or dates of service) SECURITY NO.	12. INFORMANA . ADDI	RESS
none.	OF DEATH	Yesmanlson INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Plumm Edone	Alac dues
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES  (B)	arteriorderote CVD.	sw. yerrs
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OPERATION   19B. MAJOR FINDING	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER:   21b. PLACE OF INJURY (e.g.,		YES NO
LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., CAUSE OF DEATH  1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR		
of INJURY  white at work at work		
deceased alive on 15, 1912, and that death occu	erred at TAm., from the causes and on the	
23A. SIGNATURE & . Heghtin M.D.	238. ADDRESS / 2	War. 155
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	Por Cem Joedsin (City town, or	county) I(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AI	DDRESS
The state of the s	THE THE TAIL OF TH	Junior of



256.

### BALTIMORE CITY HEALTH DEPARTMENT

11047A			CERTIFICAT	E OF DEAT	H Registered N	10974
1. NAME OF (Type or Print)	DAY	/ID		O'CONNOR		er 16, 1952
A. Baltimore	City, Maryland			4. USUAL RESID	ENCE (Where deceased lived, If in B. COUNTY	nstitution : residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION			ion, give street address or location)		(If outside corporar limits	witekURAL and giv township
	stay in Baltimore		Yrs. Mos. Days		ESS (If rural, give location)  Gay Street	
Male	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) Lied	July 1, 189	last hinth days Many	nder 1 Yaar   If Under 24 Hours ths: Days   Hours   Min
10A. USUAL OC work done during most Laborer	CCUPATION (Give kind of of working life, even if retired)	Roland	Road Kennels		State or foreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S	unknown			14. MOTHER'S MA		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Leona	O'Connor, 207 N. G	DRESS By Street
DISEASE RISE TO TUNDERL'	ure, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, ITHE ABOVE CAUSE (A) YING CONDITION LA	eaused death SES FANY, GIVIN STATING TH	(B)	, liver, spl	roperitoneal lymph een, heart, and bra	ai n
19A. DATE C	DISEASE OR CONDITION	CAUSING IT		ATION		20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			YES NO Ve exact location)
	(Month) (Day) (Year)		TE. INJURY OCCURR WORK NOT WHILE WORK AT WORK	21F. HOW DID	INJURY OCCUR?	
the ev	idence obtained by	said Auto	rcmains described o psy, Inspection or I rom: <u>natural causes</u>	nguiry, find that	autopsy Autopsy, Inspection or Inquiry said deceased died on the suicide   , homicide   , un	thereon and from day stated above determined □.
23A. SIGNA	lliam Un	wide		.D. MEDICAL INV	EDICAL EXAMINER	
TION, REMOVAL (S buria	Specify)	2	St. Peters C		Paltimore,	Maryland
DATE RECEIVE LOCAL REGIST				Vm. Cook		Paul Street



52 10475 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH PIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 1 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) rs Mos. ngth of stay in Baltimore bemani Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF 9. AGE (in years | If Under I Year last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Married 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY 200 05 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no og unknown) (If yes, give war or detes of service) SECURITY NO. 18. 42011 CAUSE OF ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES NO 21B. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING

CAUSE OF DEATH

m.

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR? NOT WHILE

19 that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 6. Pm., from the causes and on the date stated above deceased alive on. 23B. ADDRESS 23c. DATE SIGNED 23 SISNATURE

BURIAL

NOU 19 1952 REGISTRAR'S SIGNATU

WHILE AT

WORK

24c. NAME OF CEMETERY OR CREMATORY HOLY REDEE MER CEM!

(State) 24D. LOCATION (City town, or county)

ADDRESS 25. FUNERAL DIRECTOR

VS 150

F INJURY

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

NOT A MEDICAL EXAMINER'S CASE

M.B.

CHIEF OR ASS'T. MEDICAL EXAMINER

45 5 2 10 976

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 20 10476

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF
3. PLACE OF DEATH:	DEATH 1//3/5-2
A. Baltimore City, Maryland Balto, City  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
HOSPITAL OR   location)	C. CITY OR TOWN (If outside corporate/linits, write RVRAL and giv
INSTITUTION	township
MERLY Hospital	D. STREET ADDRESS (If rural, give location)
Mos.	O. STREET ADDRESS (II Italia, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	170 SAARWANN ST #1
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under I Year last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	9/10/1897   55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
LEBOARR In General	Baltimere WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stevens Planter	Ellen ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	
(1 ves. give war or dates of service) SECURITY NO.	
	HOSP RECORDS
18. 422.1 and 022x CAUSE O	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,	FRIOSCLEAOSIC CUD:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Adiolfailula y
ANTECEDENT CAUSES	palmonory eda ma
O DISEASES OR CONDITIONS, IF ANY, GIVING	
UNDERLYING CONDITION LAST.	
(6)	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. L. L.	RORTH ANGURYSM YYAS
, 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., etc.	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	or 21C. WHERE DID (If in Baltimore City, give exact location) to.) INJURY OCCUR?
CAUSE OF DEATH	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	1.3 1000 1.2 1000 11.11 11
	, 1952, to, 1952, that I last saw th
	red at Sissem., from the causes and on the date stated above
pl. 1 p 1 1	Merce Arch 11/13/5-2
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	
TION, REMOVAL (Specify)	
Burial   11/18/1952   Balte. Nat.	Cem. Baltimere Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
NOV 1 7 1952 H. t. to Williams M.P.	Eling O. Wilson for Switch my
VS 150	
6506	C C C C C C C C C C C C C C C C C C C
r otdet	

and the same of the The same of the sa - FETTING THE - Wind Contraction of the Contra

1	15	2
2	104	177
BIE	TH NO	

Registered No. 10477 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HARRING DEATH 3. PLACE OF DEATH:

4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) o. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 9. AGE (in years) 6. COLOR OR RACE SINGLE, MARRIED If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED DIVORCED (Specify) Dowel 1 BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

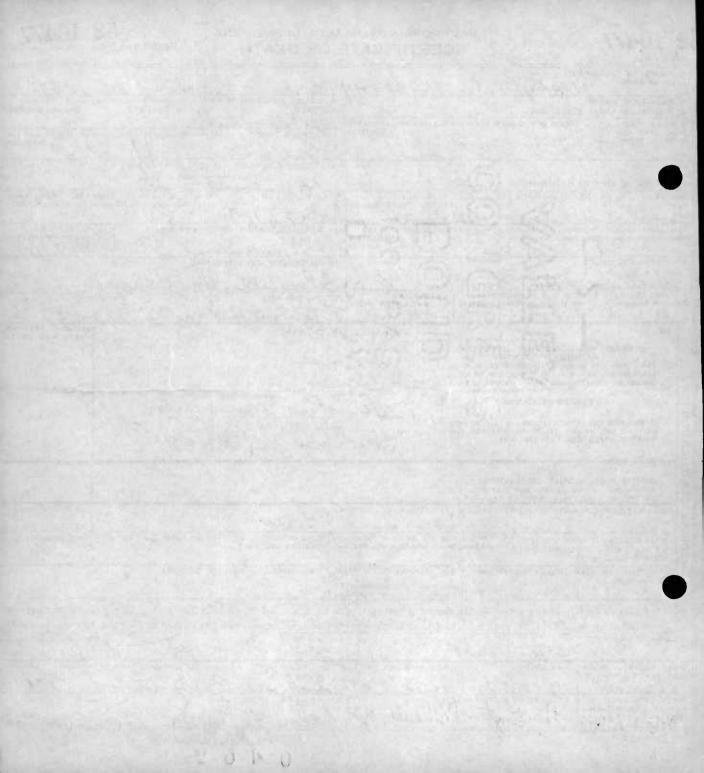
Yea. no or unknown) | (If you, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Worked heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ERTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OHE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218, PLACE OF INJURY (e. g., in 6 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) FINJURY NOT WHILE! , 15V, to Nov. 5, 195V, that I last saw the 22. I hereby certify that I attended the deceased from A. J.

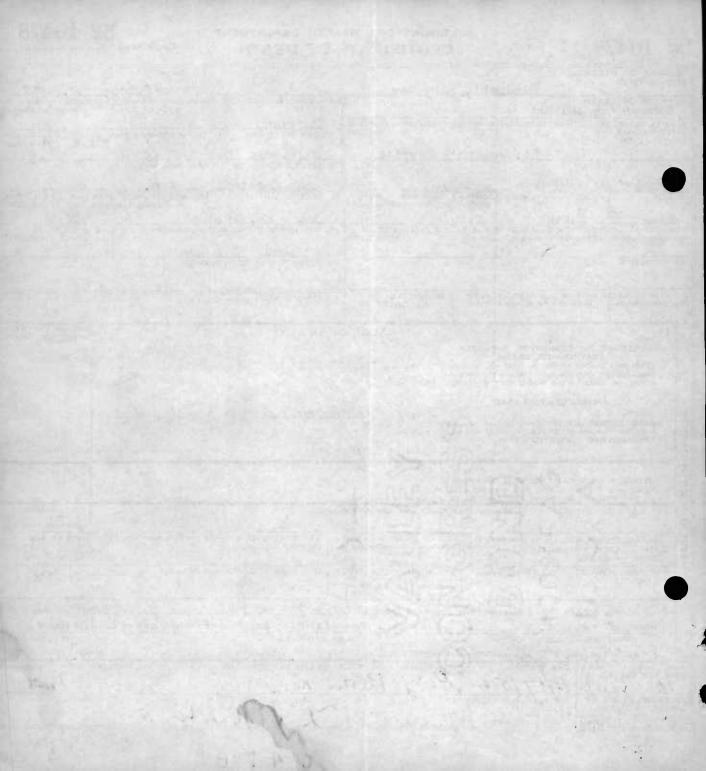
195 and that death occurred at 1:30 Am., from the causes and on the date stated above. deceased affire on Kov. 14 23A. SIGNATIONE 238. ADDRESS 23c. DATE/SIGNED 6007

24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B DATE 24C NAME OF CEMETERY OR CREMATORY TION DEMOVAL (Specify)

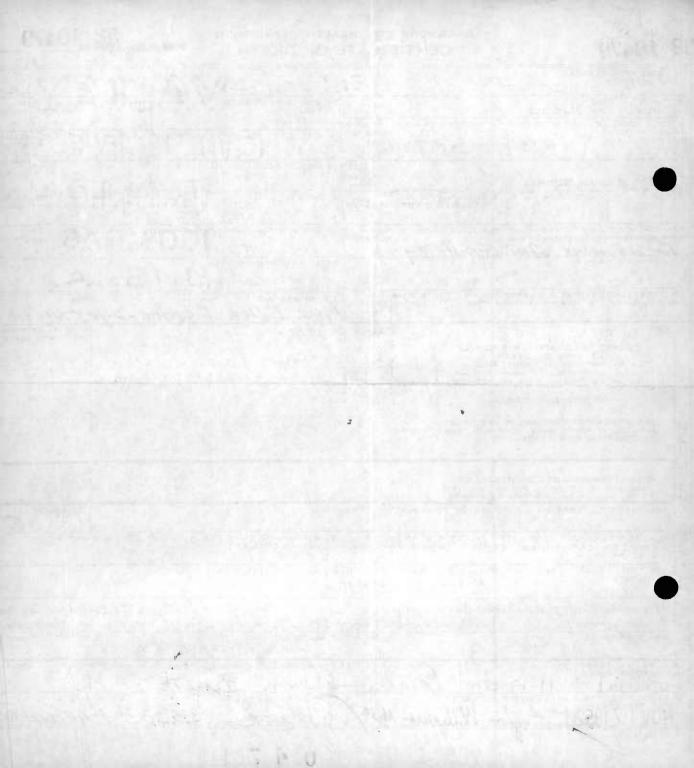
Dura DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



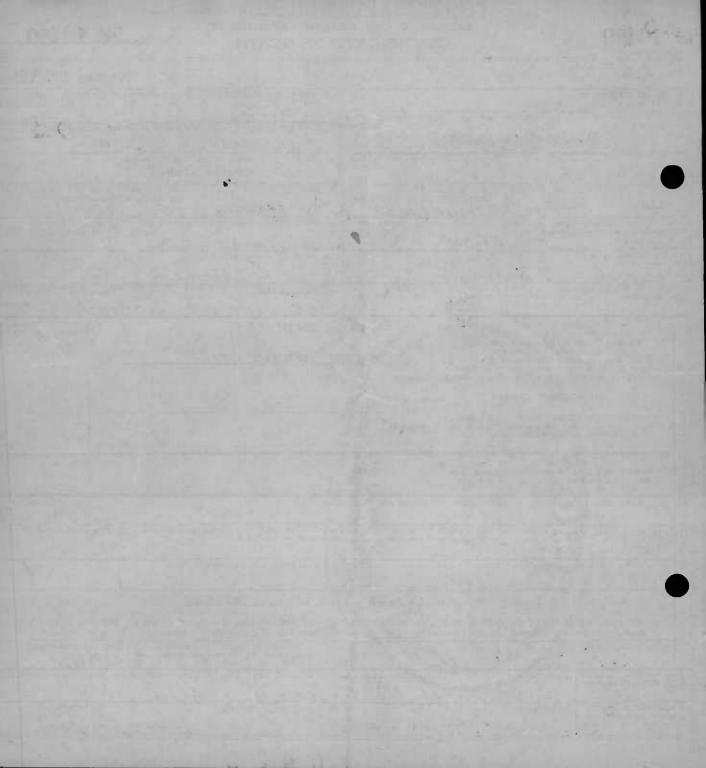
5/8	552 2 1042 RTH NO. 7	8-2596		TIMORE CITY HE	EALTH DEPARTMENT	Registered :	52 10478	8
1.	NAME OF D	ECEASED				2. DATE		
	'ype or Print)	Simi	nski.	Baby Boy		DEATH Octob		2
	PLACE OF DI	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	f institution : residen before admi	
В.	FULL NAME		al or institut	ion, give street address or	Maryland		7	
	OSPITAL OR ISTITUTION			location)	c. CITY OR TOWN (If	outside corporate limi		d give
4	-	St.	Joseph	s Hospital	Baltimore #13	60		
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
5	ength of st	tay in Baltimore  6. COLOR OR RACE	2 day		3646 Chesterfi		W. H. J I V	d Hama
٥.	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)		last birthday) M	If Under I Year   If Under 2 Ionths Days Hours	
	Male	White	Sing		October 28, 1952		2	
vorl	done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KINL	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of 10	reign country)	12. CITIZEN OF WHAT COUN	ITRY
	EATHER IS				Maryland			
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME		
(Ye	s, no or unknown)	D EVER IN U, S. ARMED (If you, give war or date)	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRESS	
ERTIFICATION	DISEASES RISE TO TI UNDERLY  OTHER S TRIBUTING	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS ON CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	aused death ES FANY, GIVIN STATING TH ST. TIONS CON	(8)Prema: (8)Prema: (C)	turity			
U.		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPS	SY?
AL		0					YES N	10 3
MEDICAL	LYING OF CAUSE OF 21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour)	ACE OF INJURY (e. g., in larm, factory, street, office bldg., e  21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY			
		ive on Oct. 30		and that death occur	ober 28, 1952 to Oc red at 6:25 am., from t 3B. ADDRESS 1100 N. Caroline	he causes and on		bove
D.	AA. BURIAL, CON. REMOVAL (S	D BY   REGISTRAR	5-2	HORY REA		ocation (City, town) Relation R  R  S30	n, or county) (S ADDRESS	State)
	VS 150	<i>y</i>	1 9	5 2 0 0	10470		Hind-ang	R.



536	
	TE OF DEATH Registered No. 10479
1. NAME OF DECEASED GROVER C. BE	NDER SR 2. DATE NOV 15, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution : residence A. STATE, B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location	
37 Mercy Hospital	Parkyille 5300 township
Yrs Mos	
5. SEX   6. COLOR OR RACE   7. SINGLE, (MARRIED)	
MIDOWED, DIVORCED (Special	Mar 17, 1889 (ast birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done) during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Delid KAME ART GAHERLY.	15 altimore, Md U.S.
George Bonder	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER N U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. Ellen Bender-290. Alden
18. 443X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	hortensive Cardio vascular 12 grs. isease à Coagestive Heart failure
ANTECEDENT CAUSES	Steest & Longestive Heart future
Z (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSYZ
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. s.	, in or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	/(/ ( , 1907, to // () , 195 2 that I last saw the
deceased alive on 1/(5, 1952 and that death oce	urred at 10 m, from the eauses and on the date stated above
IC & durning M.D.	Muncy Hospital 11/15/52
24A. BURIAL, CREMA- 24B. DATE 24C. AME OF CEMET	TERY OR REMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	1 25 UNERAD DIRECTOR ADDRESS
NOVE 971952 to touton Williams Mars	& Kuck 5305 HARFORD TO
VS 150	
195267	906471



DEPARTMENT Registered No. 10480 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN JASINSKI OF November 16, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write KURAL and give C. CITY OR TOWN INSTITUTION St. Joseph's Hospital wnship) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3325 Ramona Avenue ength of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | fi Under 1 Year | fi Under 24 Hours last birthday) | Months: Days | Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) White Male 900 MARRIES 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 106. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY IERK TOSI ANLIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 65eph 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary Occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes 1, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ..... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE 10 edeemer DATE RECEIVED BY ADDRESS REGISTRÁR SIGNATURÉ 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 151



11/1/0

1	46	A Comment	BALTIMORE CITY HE		52	10001
2	IRTH NOST		CERTIFICATI	E OF DEATH	Registered No.	J. C. J. C. J.
1	NAME OF	DECEASED			2. DATE	
('	Type or Print)	FERRY	MI	LLER	OF DEATH Novembe	r 16, 1952
	PLACE OF	DEATH:		4. USUAL RESIDENCE (V	here deceased lived. If ins	titution: residence
	. FULL NAME	City, Maryland	istitution, give street address or	A. STATE Maryland	B. COUNTY	before admission
H	OSPITAL OR		location)	c. CITY OR TOWN (If	outside cor orate limit,	VICE RURAL and giv
11	NSTITUTION	Johns Hopkins H	Hospital	Baltimore	10-0	township
5			Yrs.	D. STREET ADDRESS (If	rural, give location)	1
	ength of	stay in Baltimore	Mos. Days	431 N. Ducham		
5	. SEX	6. COLOR OR RACE   7. SI	NGLE, MARRIED.	B. DATE OF BIRTH		ler i Year   If Under 24 Hours
	Male	Colored	DOWED, DIVORCED (Specify)	April 1901	last birthday) Month	ns Days Hours Min.
13	3. FA HER'S	of working life, even if retired	IND OF BUSINESS OR INDUSTRIAL CONTROL	14. MOTHER'S MAIDEN N. 17. INEGRMANT	AME N	C. CITIZEN OF WHAT COUNTRY
-	18. T. a	63 V	CAUSE	OF DEATH	rucce	INTERVAL BETWEEN
	1 1	SE OR CONDITION DIREC		OF DEATH		ONSET AND DEATH
		LEADING TO DEATH		of First Cervic	ol Wantahna	
	heart fail	s not mean the mode of dyin ure, asthenia, etc. It means the	dicance		ar vetreota	***************************************
	injury or	complication which caused	death.)			P. 11. T. 12
		ANTECEDENT CAUSES	(The aut = 2 a a			
Z	DISEASE	S OR CONDITIONS, IF ANY,	GIVING	ction of spinal c	ord	***************************************
ERTIFICATION	RISE TO	THE ABOVE CAUSE (A) STATE				
A			(C)		•••••	
F						
E		SIGNIFICANT CONDITIONS TO THE DEATH, BUT NOT R				
E		SEASE OR CONDITION CAUS				
U	19A. DATE C	OF OPERATION 198. MA	JOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
EDICAL						YES NO L
S	21A. EXTERI	NAL CAUSE WAS 216 about	B. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., et	or 21c. WHERE DID (I	in Baltimore City, give	exact location)
田田	UTING []	CAUSE OF DEATH.	street	Sapp and Madi	son Streets	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year) (Hour				
	or mook)	11/16/52 1:17 P	m. WHILE AT NOT WHILE	x struck with bo	ard	
h	22. I certi	fu that I took charge of	the remains described a	bove, held an autor	osv	thercon and from
				Autonsy. I	nspection or Inquiry	
	and de	iaence optained by said . Cathein my opinion result	Autopsy, Inspection or Inted from: natural causes	nquiry, find that said do	ccased died on the	day stated above
	23A. SIGNA		A comment	23B. CHIEF MEDICAL E		DATE SIGNED
		William 1/2	M.	D. MEDICAL INVESTIGATE	XAMINER	17/52
24	AA. BURIAL.	CREMA- 248. DATE	24c. NAME OF CEMETER		CATION (City, town, or	county) (State)
-	Burre	Q nox 20/5	y mx-Cal	rouse Por	7.9 Cerus	alrymod
	ATE RECEIVE		NATURE	25 FUNERAL DIRECTOR	000 . 44	DDRESS
L	CAL REGIST	Mart + +	Mil.	THE COURT	Plund	4
V	S 151	Huntington	- Marting Miles	7,000	77	1
	0 151	1-801 20	- 700	OR A MOUNTAIN	The contract of	11: ant

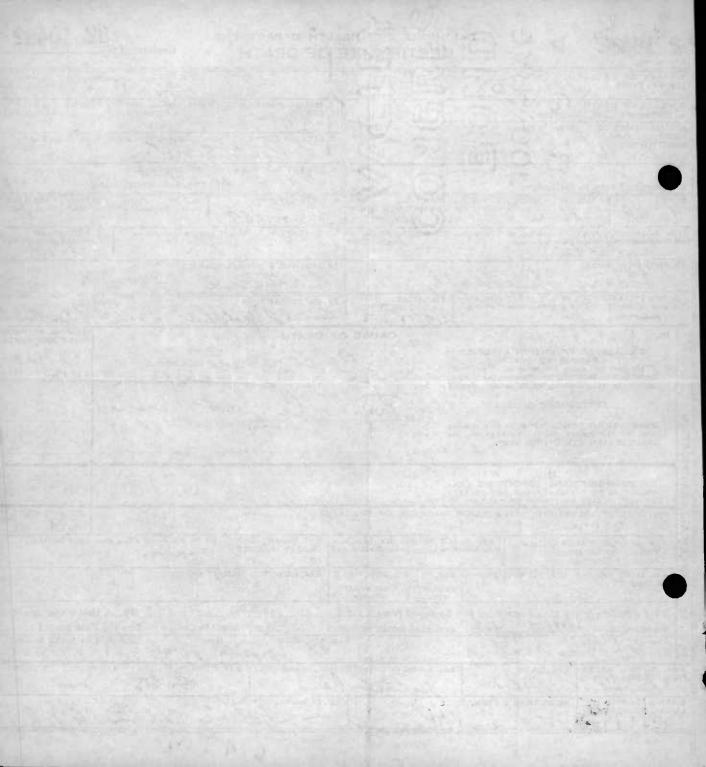
Limpace William Steller

in was the 34st Tritten land the Comments

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BIF	1 HT	10.	

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		2 10482
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) Hilda B. HITTEL	2. DATE OF DEATH	15-52
3. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location		110.5
INSTITUTION Unwelsely	c. CITY OR TOWN If outside corporate limits, wi	rite RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	Ine #28
c. Ingth of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	11000000	1 Year   If Under 24 Hours
Lenale white married		Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR NOTE done during most of working life, even lifetired)  INDUSTRY		CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7
Harry Gealdhall	Catherine Grow	
15. WAS DECEASED FVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  2/9-61-256/	17. INFORMANT ADDE	ESS COL
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	7	ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	arcinomaloris	z mo.
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES Profes	blo (a - head of panereas	7
DISEASES OR CONDITIONS, IF ANY, GIVING	ble Ca - head of paneress	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (C)  (C)  (D)  (C)		
(C)		•••••••••••••••••••••••••
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	to all 210 WHERE DID. (If in Politiman City wine	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg. CAUSE OF DEATH		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE		ALL HETELO
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from		hat I last saw the
deceased alive on 1/15, 1952, and that death occu	erred at 10 35 am., from the causes and on the a	late stated above.
L Langingelder	University Hospital 2	3c. DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE / 24C. NAME OF CEMETE	ERY OR CREMATORY 248. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify) /1-18-5- Cathebra	Rem. Balt.	Ind.
DATE RECEIVED BY A PECISTRAP'S SIGNATURE		DDRESS
NOV 1 7 1955 H. tinton Williams 15	stage A. I why Catorwish	4. Mel.

VS 150



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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 10482

BIRTH NO.	00		LERIFICA	TE OF D	CAIN	at cg. Ster	cu 210,	
1. NAME OF (Type or Prin	DECEASED		and such that			2. DATE OF	NI 7 (	3 3050
-425	Edward Augus	tus Robe	rts			DEATH		3, 1952
3. PLACE OF A. Baltimor	e City, Maryland			4. USUAL A. STATE		Where deceased live B. COUNT		tion : residence before admission)
B. FULL NAM	ME OF (If not in hospit	al or institutio	n, give street addres		Maryland			
HOSPITAL C	N	• 1 **	locati	C. CITT O		outside corporate	limits, write	township)
301	Baltimore C	rn Avesp			Baltimore	1	2	
		710	Yı Me			rural, give location	n)	
	f stay in Baltimore	Life	· Da	1ys 4944	Eastern .			
5. SEX	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Spe	8. DATE O	2	9. AGE (In year last birthday	rs li Under 1 Y ) Months D	fear If Under 24 Hours Days Hours Min.
			rated	July 2				
10A. USUAL, work done during n	OCCUPATION (Give kind of tost of working life, even if retired)		OF BUSINESS OR	RY	PLACE (State or f	oreign country)		ITIZEN OF HAT COUNTRY
P	AINTER-RET	SELF-	EM 7.	M ary				
13. FATHER				14. MOTHE	ER'S MAIDEN N	AME		
	oseph Roberts				Mary?			
15. WAS DECK	ASED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO	17. INFOR	MANT		ADDRES	SS
		-	SECORITI IX		HOSP. RE	CORDS		
18. 3	31X		CAUS	E OF DEAT	н			TERVAL BETWEEN
	EASE OR CONDITION							ISEL AND DEATH
(This o	LEADING TO DEA'		(A) Cereb	ro Vascul	ar Acciden	ıt		lWeek
heart f	ailure, asthenia, etc. It mea or complication which o	ns the disease,						THE OFF
A 624 F							57 11 1	
7	ANTECEDENT CAUS	55	(B)				A LESS	
O DISEA	SES OR CONDITIONS, I				***************************************	***************************************	****	· · · · · · · · · · · · · · · · · · ·
A	RLYING CONDITION LA		100					
9			(C)					******************************
O DISEA UNDER OTHER TRIBUT TO THE	II CONDI	TIONS CON				>		
TRIBUT	R SIGNIFICANT CONDI	NOT RELATED				Yes		
صحند حصا الأنا	E OF OPERATION		FINDINGS OF O	PERATION			1.5	20. AUTOPSY?
4	L OI OI LIMITORO	ob. mason	interior of o	Litrion			22000	YES NO
21A. ACC LYING	CIDENT WAS UNDER-	218. PLAC	CE OF INJURY (e.	g., in or   21C. W	HERE DID (	If in Baltimore C	ity, glve ex	act location)
LYING D	OR CONTRIBUTING	about home, far	m,factory,street,office b	ldg.,etc.) INJUR	Y OCCUR?			
	E (Month) (Day) (Year)	(Hour)   2	1E. INJURY OCCU	RRED 21F. H	OW DID INJUR	Y OCCUR?		
F INJUI	RY	wı	HILE AT NOT WE	IILE T				
			WORK AT WO		116 33	30		
22. I her	reby certify that I att	tended the d	leceased from		1946, to 11	13	1952, that	t I last saw the
deceased	l alive on 11.13.52	, a	nd that death oc	23B. ADDRES		the causes and		te stated above.
23A. SIG	NATURE JE Jahr.	100.		4940 T	lastern Av	A		.13.52
24A. BURIA	L, CREMA- 24B. DATE	12.	M. D. 4C. NAME OF CEM					
TION, REMOVA	L (Specify)		1 01	. 11-		Batto		Ind
DATE RECE		SSIGNATUR	Holls 11	25 EUNFE	RAL DIRECTOR		ADD	RESS
	1917952 Hunti	rator 1	Villiams, M	Sen	A7.	lu. Cat		110

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256	
2 10384/ cm Pan O CERTIFICATE	
1. NAME OF DECEASED Charles E Vic	kner 0 DEATH 17-1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceded lived. If institution: residence A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  JOHNS HOPKINS HOSPITAL	C. CHRY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year last hirthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  Warren, Pennsylvania 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nillis E. Lickner	Margaret Farnsworth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL  ADDRESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	of DEATH  logy of Fallst  20 min the service of the
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	lone
19A. DATE OF OPERATION 19B. MAJOR FUNDINGS OF OPER.  U 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or   21c. WHERE DID (If in Baltimore City, give exact location)
Z1D. TIME (Month) (Day) (Year) (Hour)  P INJURY  MILE AT WORK  AT WORK	ED 21F, HOW DID INJURY OCCUR?
deceased alive on 17, 19 3, and that death occur	, 19 Sto Andrew That I last saw the red at 130cm., from the causes and on the date stated above.  3B. ADDRESS 23C. DATE SIGNED 1-17-52
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER 2	Cometery Warren Pounsylvaries
LOCAL REGISTRAR Huntington Williams, My	Wn. Cook, nc., 1217 Ho. Paul So
Vs i50	0 1 1 0 4 7 6

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### BALTIMORE CITY HEALTH DEPARTMENT

5	2 1914	85		CERTIFIC	CATE	E OF DEATH	Registered	No.
	TH NO.							
	AME OF De or Print)		ARIA	STABILE			2. DATE OF DEATH NOV	. 13, 1952
3. P.	altimore (				ST	4. USUAL RESIDENCE (W)		
B. FU	JLL NAME	OF (If not in hospit	al or institut	ion, give street add	dress or	Md.	ustaida component	nit, write RURAL and give
INS	Sucitorion	T, PAUL	NUR	SINGH	OM	Baltimo		Mile (Old All ind give
		. 75 11	tuber.		Yrs. Mos.	D. STREET ADDRESS (If r		
5. S		tay in Baltimore	7 SINGL	E. MARRIED.	Days	8. DATE OF BIRTH	Elrino St	
F	emale	White	WIDOW	dowed	(Specify)	Feb. 10, 1857	last birthday) 95	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS	OR USTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Reti	red		se Work		Italy		U.S.A.
13. I	ATHER'S	2				14. MOTHER'S MAIDEN NA		
			Marco			UNKA	IOWN	
15. (Yes, 1	WAS DECEASI	ED EVER IN U. S. ARME. (If yes, give wer or date NO	D FORCES?	16. SOCIAL SECURITY None	NO.	17. INFORMANT		ADDRESS
	MO	NO		None		Mrs. Fred. App	e1 4604 F	
1	8. 450			CA	USE (	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA			gan	ility		sevyrs
	heart failu	not mean the mode ore, asthenia, etc. It mes	ns the diseas	e.	2611	TTT07	•••••••••••••••	
	Injury or	complication which	caused death	.) DUE TO				
		ANTECEDENT CAUS	SES					
N N		OR CONDITIONS, 1			************		***************************************	
F		HE ABOVE CAUSE (A)						
<u> </u>	387.45		2011	(C)		•••••••••••••••••••••••••••••••••••••••	***************************************	***************************************
ERTIF	OTHER S	II SOND	WICHE					
ER	TRIBUTING	GONIFICANT CONDI	NOT RELATE	.D	art	eriosclerosis		sev yrs
٦		F OPERATION		FINDINGS OF	OPER	ATION		20. AUTOPSY?
DICAL								YES NO
0.0		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY farm, factory, street, off			in Baltimore City	, give exact location)
2	10. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OC	CURRI	ED 21F. HOW DID INJURY	OCCUR?	
	i insonti		m.	WHILE AT NO	T WHILE			
	22. I hereb	y certify that I at	tended the	deceased from	Ja	n 1951 19 , to Nov	18 , 19	2, that I last saw the
1	deceased a	live on 18	, 19.50,	and that death	occur	red at m., from th	e causes and on	the date stated above.
1	3A. SIGNA	TURE	#/	My.	-	Olion assente same	VENUE Bal	23c. DATE SIGNED
244	BURIAL.	CREMA- 248 DATE	and -		. 0.	9	CATION (City, tow	
TION	REMOVAL (S	Specify)	.1952			Cemetery 722		
DAT	E RECEIVE		-		CAIL	25. FUNERAL DIRECTOR .		ADDRESS CA
LOC			gton 1		M. P.	Carles S. Lei	les 901 S.	COUNTING 20
	VS 150		0		^	OAG	?	
			1 4	1 23	U			and the second second

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## BALTIMORE CITY HEALTH DEPARTMENT

52 10486 egistered No.

BII	RTH NO.	90		CERTIFICATI	E OF DEATH	Registered I	No.
1. (Ty	NAME OF E	JOHN	ROBERT	WILEY		2. DATE OF DEATH NOV.	16.1952
	PLACE OF D	DEATH: City, Maryland		TELEGRAPHON	4. USUAL RESIDENCE A. STATE		
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospita	l or institutio	on, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate limit	s write RVRAL and giv
4	/	St. 3	Joseph's	Hospital	Baltimore	11-	township
	ngth of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (		
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) last birthday) Mo	i Under I Year   If Under 24 Hours onths: Days   Hours   Min.
_	Male	White	Mari		Nov. 29,1898	53	
ork	done during most	CCUPATION (Give kind of of working life, even if retired)	Beth.	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	WHAT COUNTRY
13.	FATHER'S	NAME		, shippond	14. MOTHER'S MAIDEN	NAME	
	HE	NRY U	ILLE	Y	BARBARA	WEIDI	NGER
15. Yes	NO OF URLDOWN)	ED EVER IN U. S. ARMED (If you, give war or dates	of service)	16. SOCIAL SECURITY NO.	Helen K. Wil		DDRESS DSE St.
RIFICATION	DISEASE RISE TO TUNDERL	ure, asthenia, etc. It means complication which expending the complex of the comp	ES ANY, GIVING STATING THE ST.	(C)	esions		
5		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	Nov.1	5. 1952 DENT WAS UNDER-	Intest	inal obstruct	ion - Adhesion	(If in Baltimore City,	YES NO
2	21D. TIME OF INJURY	(Month) (Day) (Year)	w	TE. INJURY OCCURR		RY OCCUR?	
	deceased a	live on Nov. 16	ended the c the 52. a	deceased from No nd that death occur	v. 12th ,1952, to red at 1:15am., from 38. ADDRESS 1400 N. Caroline	the causes and on to Street - 13	he date stated above 23c. DATE SIGNED Nov.16th1952
TIC	Burial	Nov. /	1952	St. Stanisl	aus Cemetery	1300 DUND	ALK AVE. MI
DA	TE RECEIVE	D BY   REGISTRAR	S SIGNATUI	RE.	25. FUNERAL DIRECTO	901 5	A CONFERTING

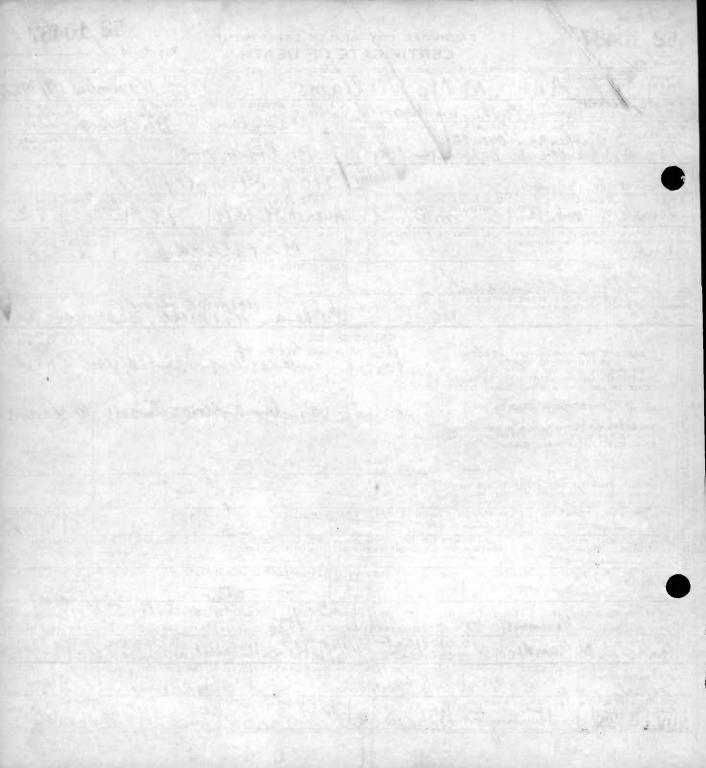
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A SECTION AND A SECTION AND ASSESSMENT Ed Lant 6 . And THE RESERVE OF STREET STREET, STREET STREET, S But we do not see that ov. 1952 H. Shmisland Constant Joseph vol

52 10487

	25 IU301	BALTIMORE CITY HE	CALIFI DEPARTMENT	Registered No.	JEO MOY
В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1. (T	NAME OF DECEASED A nnie	eM. Mc Willi	'ams	2. DATE OF DEATH Novem	ber 14, 195.
3. A.	Baltimore City, Maryland Lu	theran Hospital		Where deceased lived, If inst B. COUNTY	itution : residence before admission
B.	FULL NAME OF (If not in hospital OSPITAL OR 4	or institution, give street address or location)	G. CITY OR TOWN	If outside corporate limits, w	rite RURAL and gi
	130 Ashbustonski	Baltimore, Md.	Baltim	ore 15-	0 9 township
2	ength of stay in Baltimore	Yrs. Mos. Days	210 7 Mt.	frural, give location)  10lly 5tr.	
5.	female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	August 21, 1874	9. AGE (In years If Under last birthday) Months	n ) Year If Under 24 Hours Days Hours Min
OF)	OA. USUAL OCCUPATION (Give kind of a k done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	CITIZEN OF
_	B. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	u.s. A.
	Teter Scheme	enant	7		
15 Ye	5. WAS DECEASED EVER IN U.S. ARMED F m. no or unknown) (If yes, give war or dates of	forces? 16. SOCIAL SECURITY NO.	17. INFORMANT HOSP	ital records DDF	more Mel
	18. 420.0		OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DI	IRECTLY decon	npensation of		9
	(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e. g., s the disease,	ny anteriosileo	tic heart-disea	se sweek.
	injury or complication which cau  ANTECEDENT CAUSE:		100	10 10 00 00	1
Z		(B) Carel	ovascular an	thio schoolis	6 years
ATIC	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	STATING THE DUE TO			
F		_(C)			
ERT	OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION OF	OT RELATED			
AL		B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg.,		(If in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (H	Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY	m. WHILE AT NOT WHILE	350	in the second	1550.
	22. I hereby certify that I atter		lmber 10, 1952/10 1	Vovember 17, 1952H	
	deceased alive on November 23A. SIGNATURE		red at	the causes and on the	date stated abov
	Rudolph M. Zander/	Mili resident M.D. 9	on therantloip	key Manyland	14-17-195.
TI	4A. BURIAL, CREMA- OM) REMOVAL (Specify)	952 24C. NAME OF CEMETE	1	Voodlown)	county) (State
D		SIGNATURE	25. FUNERAL DIRECTOR	) . AI	DDRESS (

VS 150



52 10488
BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH A. Baltimore City,
B. FULL NAME OF HOSPITAL OR INSTITUTION JOH

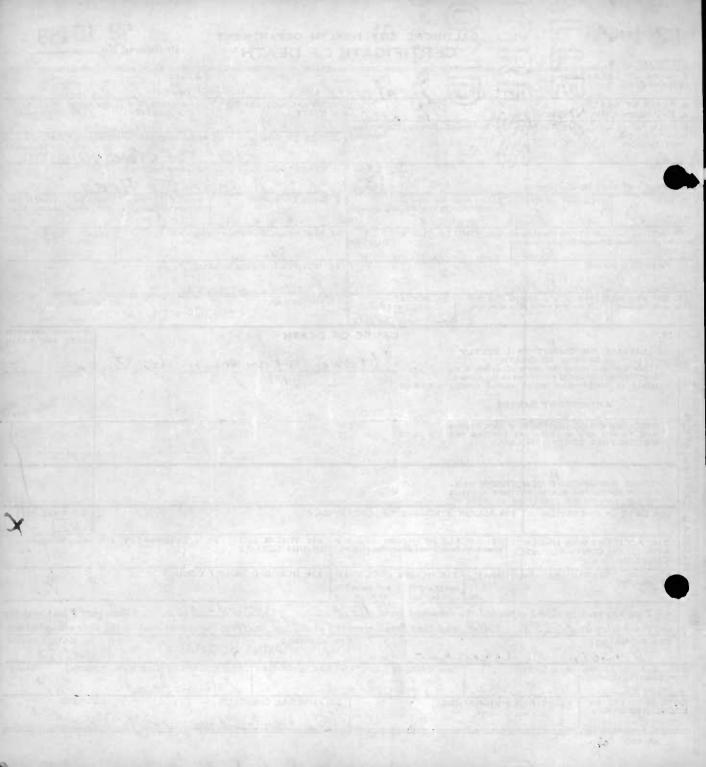
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# BALTIMORE CITY HEALTH DEPARTMENT

52 10488

		CF	RTIFICATI	E OF DEAT	H	Registere	d No	
BIRTH NO.				- OI DEATI				
1. NAME OF D (Type or Print)		e bauis	Beards	lev		OF DEATH	V 15	1952
3. PLACE OF D A. Baltimore (	EATH: City, Maryland	ced.	Thanker 2	4. USUAL RESIDI	ENCE (Whe		. If institu	tion: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	JOHNS HOPKIN		rive street address or location)	c. CITY OR TOWN	(If out	tside corporate li	mits, write	e RURAL and give
7.3	3011113 110. KII	11001117				CATO	NSVI	11e 28
ength of s	tay in Baltimore		JO - Yrs. Mos. Days	500 I	1	ester b	Poad	1 5353
5. SEX	6. COLOR OR RACE	7. SINGLE, MA	ARRIED, DIVORGED (Specify)	8. DATE OF BIRTH	H 9	last birthday)	If Under 1	
10A. USUAL OC	CUPATION (Give kind of	Mari		5-3-/2 11. BIRTHPLACE (		gn country)	112.0	ITIZEN OF
work done during most o	of working life, even if retired)	10	, INDUSTRY	min	1.44			HAT COUNTRY
13. FATHER'S		when cong	DNIA.	14. MOTHER'S MA	AIDEN NAM	E		
Fred	Beardsley	· ·		Laura	Fire	er		
(Yes, no or unknown)	D EVER IN U. S. ARMAN		SECURITY NO.	17. INFORMANT	HOPKIN	IS HOSPITA	ADDRE	SS
18. 204	1			OF DEATH			IIN	TERVAL BETWEEN
DISEAS	E OR CONDITION		10%	· b . 0		1	1	NSET AND DEATH
(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e.g.,	(A) W	neonye	1 gene	u den	Lein	eL
injury or	complication which c	aused death.)	DUE TO		0			
	ANTECEDENT CAUS	ES						
DISEASES	OR CONDITIONS, II		(8)		***************************************	***************************************	••••	***************************************
	HE ABOVE CAUSE (A) 'ING CONDITION LA		(C)					
ī ·			(0)					
	II IGNIFICANT CONDI							
	TO THE DEATH, BUT ISEASE OR CONDITION							•
19a. DATE C	F OPERATION 0 1	98. MAJOR FIN	IDINGS OF OPER	ATION				YES NO
- 1 21A. ACCID	ENT WAS UNDER-		OF INJURY (e. g., is actory, street, office bldg., e			n Baltimore Cit	y, give ex	act location)
Σ	Month) (Day) (Year)		INJURY OCCURR	ED 21F. HOW DID	INJURY C	CCUR?		
		m. WHILE	K AT WORK					
deceased a	y certify that I att live on 11-15-	ended the deed	eased from 30 that death occur	18 - 1950 red at 3 50 A m				t I last saw the
23A. SIGNA		C - 1	1 2	38. ADDRESS			230	. DATE SIGNED
24A. BURIAL, O	CREMA- 24B. DATE	aguil	М. В.	RY OR CREMATORY		ATION (City, to		nty) (State)
TION REMOVAL (S	pecify) 11-18-1	1952 0	Woodla	(ere)	MA	od law	, 01 200	Hed.
DATE RECEIVE LOCAL REGIST	RAR Hunter	SIGNATURE	LALLIS MATE	25. FUNERAL DIR	RECTOR	. 2	ADD	RESS
NUV 18	1050	1		Mouard	12/1/02	19201	Wills	His we

9 554/050, 0 4 8 0



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		ALTH DEPARTMENT	5 Registered N	2 10489
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Arizona Ali	ce Buckley		OF NOV.	16,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 3502 Cl B. FULL NAME OF (If not in hospital or institution)		4. USUAL RESIDENCE () A. STATE	Where deceased lived. If i B. COUNTY	nstitution : residence before admission)
HOSPITAL OR INSTITUTION Fetterhoff Nursing	location)	c. CITY OR TOWN (II	·e /3-	, write RURAL and give township)
Cength of stay in Baltimore	Yrs. Mos. Days	b. street address (If 614 Lennox		
Female White Sing.	D DIVORCED (Specify)	e. date of Birth Feb. 17, 1875	9. AGE (in years last birthday) Mor	Under I Year I Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkepper John H	of Business or INDUSTRY Ancock Drug	Balto. Md	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
David Z. Buckley		Mary E. Mck	Celdin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Joaquin W. E		odress Lifornia
18. 4 20.1 DISEASE OR CONDITION DIRECTLY		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		oronary occlus	ion	Immediat
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	23 -	ertensive card	io vascular	?

				Mos		STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		
c.	ength of s	tay in Baltimore		Day	11	6I4 Lenn	ox St.		
5.	SEX	6. COLOR DR RACE		E. MARRIED, ED, DIVORCED (Specif		DATE OF BIRTH		Il Under I Year	Hours: Min.
F	emale	White	Sing		Fe	b. I7, I875	777	onths: Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR		. BIRTHPLACE (State	or foreign country)	12. CITIZ	
	Bookke <b>e</b> 1	of working life, even if retired)	John F	Hancock Dru	Ø	Balto. Md		WHAT	COUNTRY!
	. FATHER'S				_	MOTHER'S MAIDEN	NAME		-
							*F 3 3 6		
15	WAS DECEASE	David Z. H	uckley		-	Mary E. M			
(Ye	, no or uokoowo)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17	. INFORMANT		DDRESS	
			11.15(0.6)	The state of		Joaquin W.	Buckley Ca	lifor	nia
	18. 42	0.1		CAUSE	OF	DEATH			AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY					011321	AND DEATH
	(This does	LEADING TO DEA		(1)	Cor	onary occin	191 on	Т.,	
	heart failure, asthenia, etc. It means the disease,								meoT-6-f
	injury or complication which caused death.) DUE TO								
	STEEL ST	ANTECEDENT CAUS	SES						
HOLL	DISEASE	S OR CONDITIONS, I	FANY GIVIN			tensive car	r		
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO 019089.								
TIFICA	ONDERL	TING CONDITION LA	151.	(C)			***************************************		*****
FI									
RTI	OTHER S	II IGNIFICANT COND	TIONS CON						
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D		_		4	
U		SEASE OR CONDITION			DATI	ON		1 20 /	AUTOPSY?
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER					OIY		YES YES	No E
DICAL	214 ACCIDENT WAS LINDER.   218. PLACE OF INJURY (e.g., in								
MEDI	LYING O	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., CAUSE OF DEATH							
4		(Month) (Day) (Year,	(Hour)	21E. INJURY OCCUR	RED	21F. HOW DID INJ	URY OCCUR?		
	FINJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORL	4	- /	//	0	
177	22. I hereb	u certifu that I att	ended the	deceased from	9/1	1/ 1952 to	17/16/ 195	Z. that II	ast sam the

15, 1952, and that death occurred at I. 30 ml, from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 17/52. 1226 Hanover St.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Burial 18/52 Loudon Park REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county) Balto. Md.

ADDRESS

VS 150

Dr. H. Decrel 1576 Hanou St H 0100

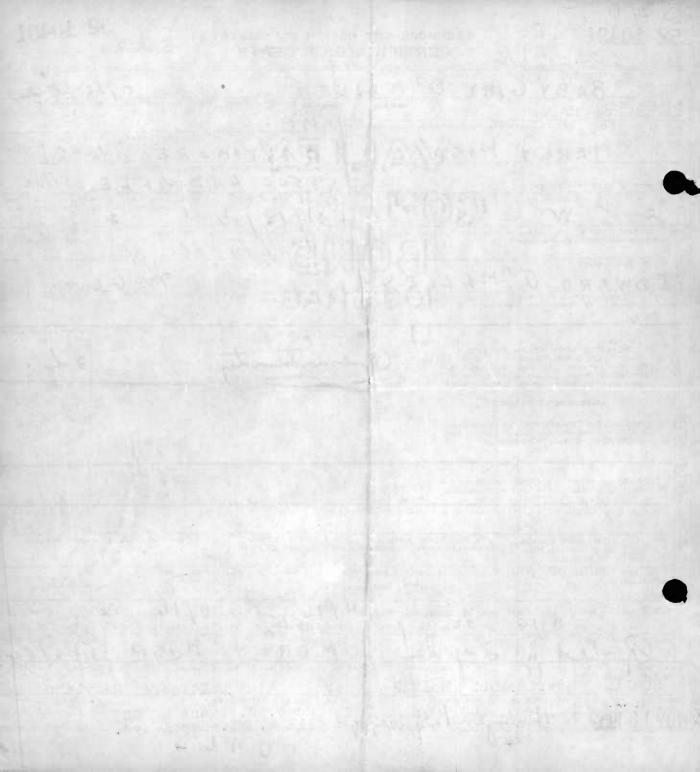
VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10490 Registered No.

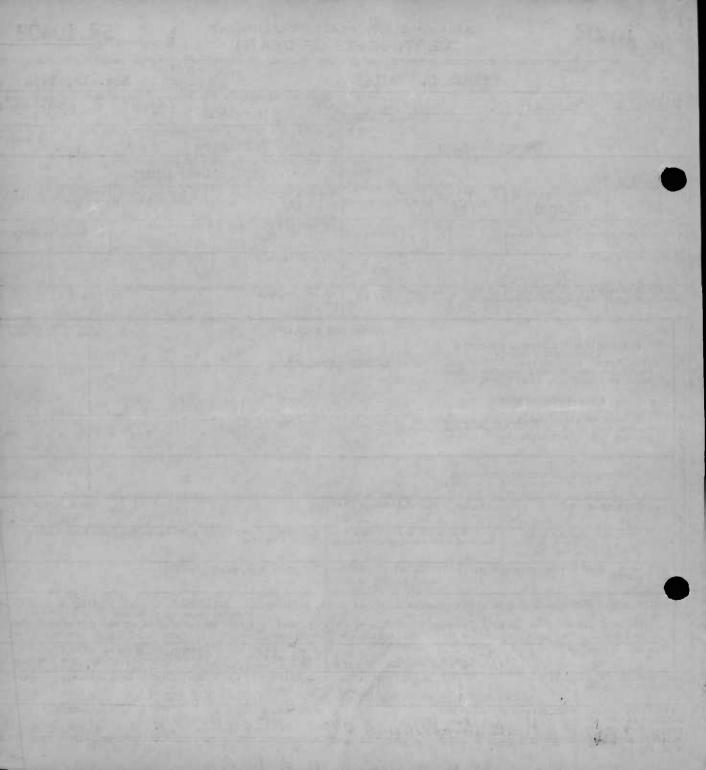
1. NAME OF DECEASED 2. DATE (Type or Print) Sarah OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED If Under 24 Hours 9. AGE (In years | f Under 1 Year | if Under 24 Hours | Let birt day) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Kousa withe 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 420.0 and ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, terioselonotia Heart injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Disease RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Diabetes Mellitus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS CA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE AT WORK Nov. 13 . 1952 to Nov. 7 . 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ 1953 and that death occurred at 3 35 m., from the causes and on the date stated above. deceased alive on Wolf. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE NAME OF CEMETERY OR CREMATORY (State) ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

	541	0									
r.	2 10	491		BAI	LTIMORE CI	ITY HE	ALTH DEPART	MENT		52	10491
В	IRTH NO.	52-	2781	6	CERTIFI	CATI	OF DEAT	Н	Registere		
	NAME OF Type or Print			170.1	02 N	A 1 1	= \	2	. DATE OF	11.	1
	PLACE OF			IRL	0 /1	All	4. USUAL RESID	ENCE (Wher		. If institu	tion: residence
₽.	Baltimore	E OF (If		al or institut	ion, give street a		A. STATE		B. COUNTY		before admission)
	OSPITAL OF	454 -	RCY	HAC	D .	location)	B A 1 T	(If out	side corporate li	mits, writ	e RURAL and give
3		., .,	101	7100		Yrs.	STREET ADDR	ESS (If rurs	al, give location)		7
A	ength of	stay in B	altimore R OR RACE	5 6116		Mos. Days	4500	LAS	ALL	E -	HUE
	F	٧	V	WIDOW	E. MARRIED, /ED, DIVORCED	(Specify)	8. DATE OF BIRT	52	AGE (In years last birthday)	If Under I	Year H Under 24 Hours Days Hours Min.
worl	A. USUAL C	OCCUPATIO et of working life	N (Give kind of p, even if retired)	10B. KIND	OF BUSINES:	S OR DUSTRY	BAL	State or foreign		/ W	HAT COUNTRY
13	FATHER'S	NAME	0.1	MA		271	14. MOTHER'S MA	UDEN NAME	-	0	
15	. WAS DECEA	A R D	U. S. ARMED	FORCES?	LLZ Y		17 1950094495		me	Gla	ry.
(Ye	N la	o) (If yes,	rive war or date	of service)	SECURIT	Y NO.	17. INFORMANT			ADDRE	SS
	(This do	LEADIN pes not mean ilure, astheni	I ONDITION G TO DEAT the mode o a, etc. It mea- ion which c	H f dying, e. g ns the diseas	r., (A)	P.	maturi	ty			TERVAL BETWEEN
		ANTECE	DENT CAUS	ES							
O			IDITIONS, IF			•••••••••••••••••••••••••••••••••••••••	••••••	***************************************	••••		
ATI			CAUSE (A)		(C)						
ERTIFICATION			11		(0)				***************************************		
ERT	OTHER	SIGNIFICA	NT CONDI	TIONS CON	1- D						
Ö	TO THE		CONDITION	CAUSING I		E OPER	ATION				20, AUTOPSY?
AL											YES NO
IEDICAL	21A. ACC LYING CAUSE O	DENT WAS OR CONTR F DEATH	UNDER-		ACE OF INJURY arm, factory, street, o				Baltimore Cit	y, give ex	act location)
Σ	21D. TIME OF INJUR		(Day) (Year)	(Hour)	21E. INJURY O	CCURRE	D 21F. HOW DID	INJURY O	CCUR?		
				m. \		AT WORK					
			that I att		deceased from	m_ 1/	16 15 1983	, to	16, 19	<b>3</b> ≥tha	t I last saw the
	deceased 234 SIGN	attice on		<b>1</b> 9 <b>1 1</b> 9	and that deat	n occur	3B. ADDRESS	, from the c	auses ana or	the day	. DATE SIGNED
	JX.	oher	FA	orm		M. D.	MERE	7 1	10512	11	116/52
TIC	BURIAL BURIAL	(Specify)	48. DATE	Λ	Holy Re		RY OR CREMATORY		imore	wn, or cou	
D	ATE RECEIV	ED BY F	EGISTRAR'				25. FUNERAL DIR	ECTOR		ADD	RESS
N	OV 181	952	Thurt	ugton	Williams	- My	? 118 W.	. Evan Mt. Ro	s & Son		
	VS 150		4164 11	0		· · ·	0 1 6	4.8	3		
					0 5	2 62	1				



Registered \$2 10492 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE THOMAS BAILEY Nov. 12, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland 'i' not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mercy Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1532 Wilmer Court ength of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6.COLOR OR RACE 9. AGE (In years | M Under 1 Year | M Under 24 Hours | Months Days | Hours Min. 8. DATE OF BIRTH male colored 11. BIRTHPLAGE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ...Lobar...pneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ∭, accident □, suicide □, homicide □, undetermined □. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. Nov. 12. MEDICAL INVESTIGATOR M.D.

24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 151



## BALTIMORE CITY HEALTH DEPARTMENT

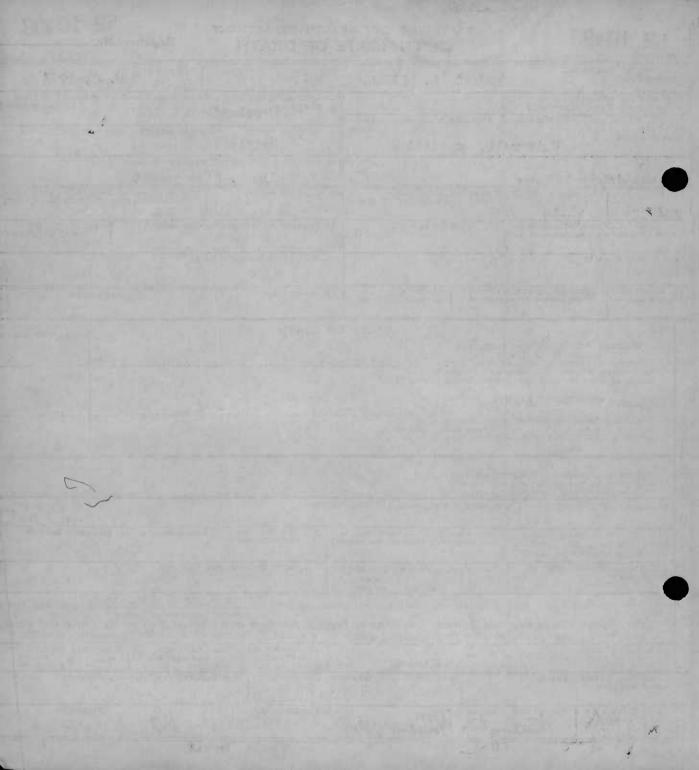
52 10493

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EDWARD BETSON OF Nov. 6, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution ; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF 'i not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 116 N. Pine Street ength of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 9. AGE (In years If Under 24 Hours male white 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. N INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Arteriosclerotic cardiovascular disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, form, factory, street, office hldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WRILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D.

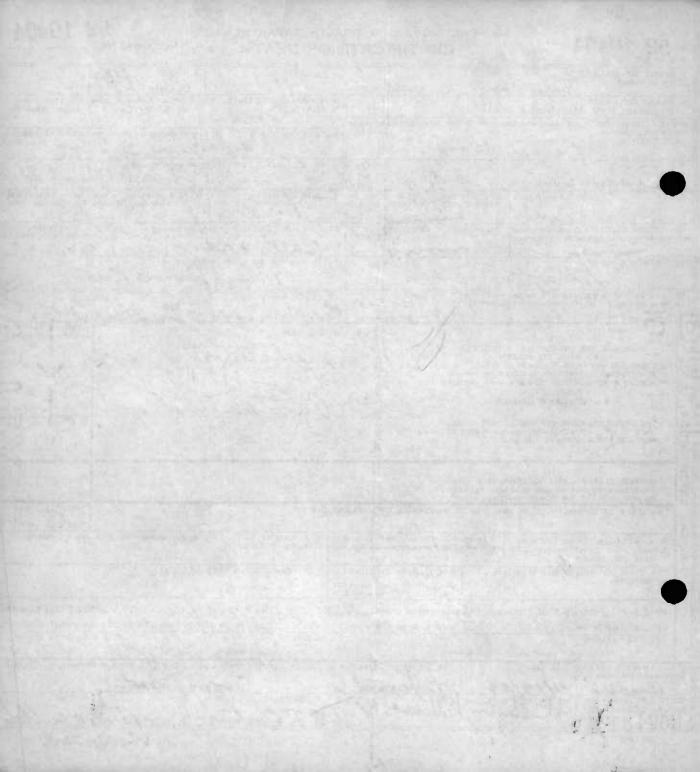
238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Nov. 7. 1952 MEDICAL INVESTIGATOR. 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL, DIRECTOR ADDRESS LOCAL REGISTRAF

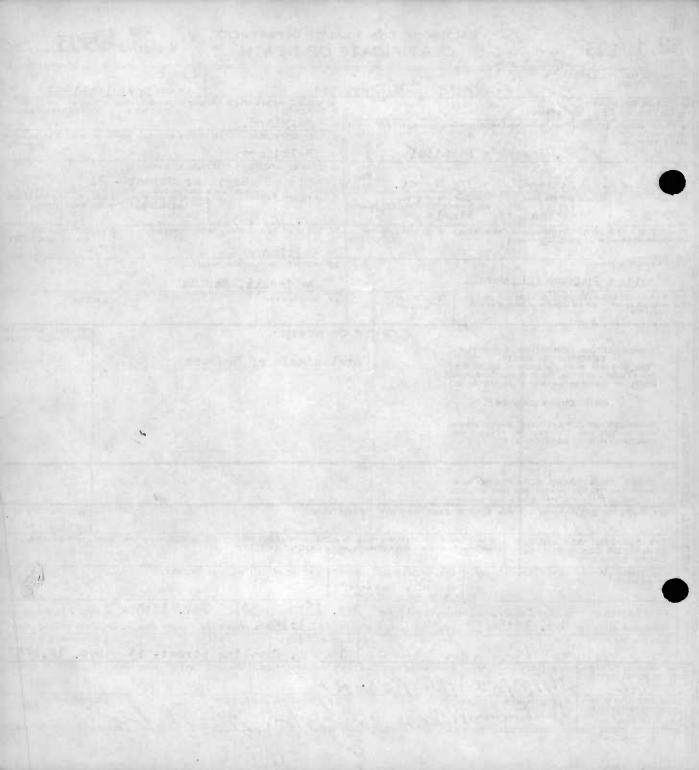
248. DATE



52 10494 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF HARRIA DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATES (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. 42 ngth of stay in Baltimore Davs Il Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ork done during most of working life, even if retired) INDUSTRY Balto, ma. U. S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK WORK , 195 that I last saw the 1952 to. 22. I hereby certify that I attended the deceased from\_ 195 and that death occurred at 634 m. from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Buris FUNERAL DIRECT DATE RECEIVED BY REGISTRAR'S SIGNATUR LOCAL REGISTRAR VS 150



Lo	from 60	OI CONTRACTOR OF THE PARTY OF T					
В	52 104 IRTH NO.	95-2773	BAI	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered T	0495
	NAME OF D	ECEASED	· p	(		2. DATE OF	
	PLACE OF D	Bado	- 00	MALISZE	WSKI   4. USUAL RESIDENCE (\	DEATH NOV.	
		ity, Maryland	•		A. STATE	B. COUNTY	before admission
H	FULL NAME OSPITAL OR ISTITUTION			tion, give street address or location)		f outside corporate limit	s, write RURAL and give
	41	St. Josep	h's Ho		Baltimore	2	-03
	ngth of st	tay in Baltimore		Yrs. Mos. Days	513 S Regis	rural, give location) ster Street -	31
5	Male	6. COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify) ngle	B. DATE OF BIRTH		Under I Year on the Under 24 Hours on the Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	Nov. 16, 1952 11. BIRTHPLACE (State or f Baltimore	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	
	Julian	Frank Malis	zewski		Swiderski, Be	rtha	
15 (Ye	5. WAS DECEASE se, no or unknown)	D EVER IN U. S. ARMEE (If you, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
RTIFICATION	DISEASES RISE TO TI	complication which complication which complete causes of conditions, in the above cause (a) and condition later than the condition causes (a)	ES F ANY, GIVII STATING TO	(B)			
ш	TRIBUTING	IGNIFICANT CONDI TO THE GEATH, BUT SEASE OR CONDITION	NOT RELAT	ED			
U				FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0					YES NO X
IEDICAL		ENT WAS UNDER- CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
Σ	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	MOOKI		m.	WHILE AT NOT WHILE		:-1	3) 4. - 6,5
	22. I hereb	u certifu that I att	ended the		v. 16th , 19 52to	Nov. 18th195	2 that I last saw th
	deceased al	ive on Nov. 18t	h19 52	and that death occur	rred at 1:25am., from t	the causes and on the	he date stated above
	23A. SIGNAT	URE	,	2	3B. ADDRESS		23c. DATE SIGNED
_	1 6	I m le	use	M. O.	1400 N. Caroline	Street- 13	Nov. 18,1952
TI	ON, REMOVAL (S	24B. DATE 11/18	152	HOLY-ROSA		UNDALK,	
0	ATE RECEIVED	D BY REGISTRAR	1.	Villiams M.D	25. AINERAL DIRECTOR	Weber	Sichletin
	VS 150	mar. C	,	9520	01048	7	
				to the second distant			



630 -	2 40 800
52 10496  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered N	2 10496
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Frederick Shreet   2. DATE OF DEATH	16/52
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION 3009 BELain Rd. C. CITY OR TOWN (If outside corporate limits Balto, C	township)
c. Ength of stay in Baltimore  Yrs. Mos. Days  D. STREET ADDRESS (If rural, give location)  3000 Belain	Rd.
	Under I Year   If Under 24 Hours this Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	
10A. USUAL OCCUPATION (Give kind of loss. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  Nork done during most of morking life, even if retired  North and Chauceal  North	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	•
Nensy Shreet Roseta Cunknown	
15 WAS DECEASED EVER IN A S ADMED FORCEST LIS COCIAL	DRESS
No 215-09-7203 Ruth S. Jenley 3009	Belgin Rd.
18. 195X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1
(This does not mean the mode of dying, e.g., (A) rout of hermalowa	1 year
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO	U
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR EINDINGS OF OPERATION 1	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH	1 1
S SACE OF BEATT	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m.   WORK L. AT WORK L.	
	that I last saw the
deceased alive on 11-15, 19.5, and that death occurred at 15 m., from the causes and on the 23a. SIGNATURE 23B. ADDRESS	e date stated above.
Welliam L. Leaves M.o. 3025 Belan Road	11-17 52
24A. BURIAL. GREMAN 24B. DATE V24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)
Burial 1/19/52 Parkwood Parkwills	md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR	ADDRESS
NOV 18 2000 Huntington Williams, M. W. Cook Sec. (217 St. Pa	ul st
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52 10497 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) James E. Tennien November 16, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 421 E. Biddle Street township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 421 E. Biddle Street ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED, 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours | Min. male white March 5, 1907 IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Ret. Paper Maker INDUSTRY WHAT COUNTRY Paper Mill Vermont 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Tennien 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Anna Tennien, 421 E. Biddle Street no INTERVAL BETWEEN 18. 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the discase, Tulveren lan. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY Mar IY, 1952 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Ace 19 and that death occurred at\_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 248 DATE Baltimore, 11/18/52 St. Peters Cemetery Maryland

ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 1217 St. Paul Street waterglow

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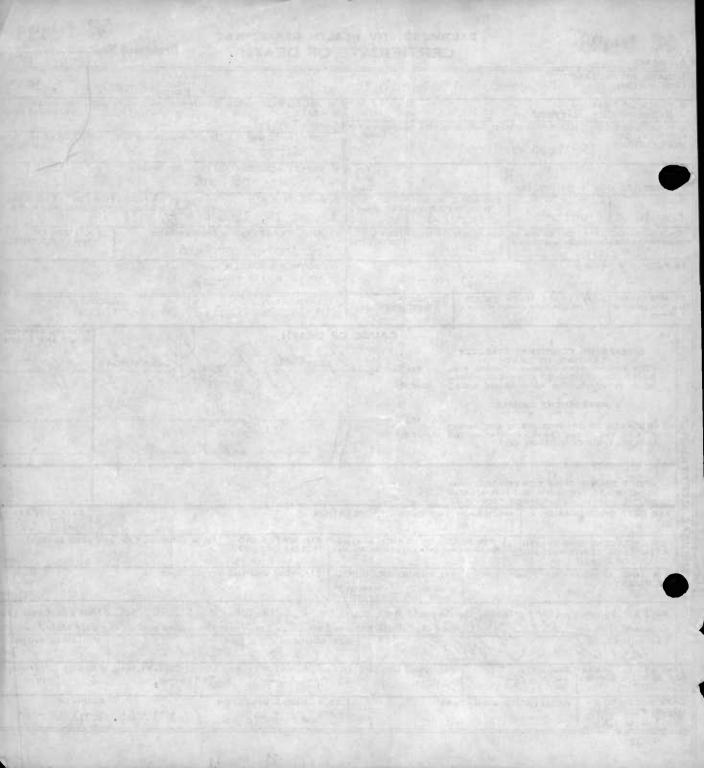
# BALTIMORE CITY HEALTH DEPARTMENT

52 10498

1217 St. Paul Street

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Marie Gallagher Moylan (Type or Print) November 17, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 623 Deepdene Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 623 Deepdene Road ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) last birthday) | Months; Days | Hours ! Min. WIDOWED, DIVORCED (Specify) female white August 19, 1896 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland housewife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Burns Gallagher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. Shirley Moylan, 623 Deepdene Road CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WORK AT WORK 196 That I last saw the 22. I hereby certify that I attended the deceased from. . to 195% and that death occurred at 33 Am. from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED un 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) (State) 24c. NAME OF CEMETERY OR CREMATORY 248. DATE Maryland 11/19/52 New Cathedral Cemetery Baltimore, burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

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	52 104	i99		CERTIFICATI		4 -	Registered	No. 10499	
1.	NAME OF Dope or Print)	ECEASED	DORA	P. HERR			AUT 1-17 2 1 1 1 1	ember 16, 1952	
B. HC	PLACE OF D Baltimore ( FULL NAME OSPITAL OR STITUTION	City, Maryland		ion, give street address or location) reet	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission Maryland				
C:	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	ant St	reet 2	1-02	
	sex female	6.COLOR OR RACE	WIDOW	E, MARRIED. VED, DIVORCED (Specify) OWEd	8. DATE OF BIRTH Feb. 24, 186	8	84	Il Under 1 Year II Under 24 Hours onths Days Hours Min.	
work	A. USUAL OC doneduring most housewif .FATHER'S N	IAME	own h	OF BUSINESS OR INDUSTRY OME	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
15	WAS DECEASE	Henry Flac		16. SOCIAL	Pauline Ro	se			
(Ye	, no or uaknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT Marie Bunch,	1347		treet	
CERTIFICATION	DISEASE:	re, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT HE ABOVE CAUSE (A) (ING CONDITION LA	eaused death SES F ANY, GIVIN STATING TH	(B)	un of g	viti	onte	time 1 yr	
CER	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED .					
AL	19a, DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION			YES NO	
MEDICAL	OACCE OF DEATH							give exact location)	
	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY	OCCURT		
2.	deceased a	CREMA- 24B. DATE	tended the , 1954	and that death occu	rred at 10 55 Pm., 238. ADDRESS 1227 Wa	ule.		that I last saw the the date stated above 23c. PATE SIGNED IN, or county) (State)	
_	on Rayoval (	11/20/5	8	Holy Redeemer	Cemetery		imore,	Maryland	
	DOAL REGIS	D BY REGISTRAR	SIGNA!	Miaus, M.T.	Nm. Cook		1217 St. P		

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) essice DEATH NO 1.15, 185. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1727 W. North Ave B. COUNTY B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. Mos. th of stay in Baltimore Davs 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Murried 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ABORER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease; injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 2.5, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY AT WORK WORK -/3-1952-to\_ . 195 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on ////5 -, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above. 23A. SIGNATURE 238, ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

